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COMMUNICATIONS.

CEREBRAL LOCALIZATIONS.

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The peripatetic phrenological professor, presumably long since dead, though lingering in our memories of bygone days, could he come to life would doubtless be appalled at the havoc which modern cerebral topography has made with his specialty. The old "bumps," as indices of character have disappeared from the surface of the cranium, and instead thereof we have certain tolerably well defined motor and sensory centres in the cerebral cortex, while the functions of whole regions (as the frontal lobes) are still a matter of speculation.

Professors Nothnagel and Naunyn, at the recent medical congress held at Wiesbaden (April 13-16, 1887), made known the results of their studies in cerebral localizations. Naunyn, by the way has previously done good work in this department of nervous diseases, and Nothnagel has published the best treatise yet written on diagnosis as based on the doctrine of cerebral localization. From the addresses of these two authorities we shall endeavor to sum up the present status of the question.

The first great discovery was that of Broca respecting the seat of aphasia in the third left frontal convolution, known as Broca's convolution.

After this discovery, cases of aphasia were reported in which lesion of Broca's centre were said to be absent, while other neigh-

boring parts of the cortex were found diseased. It was hence concluded by certain English physiologists "that it was only 'ataxic aphasia' which was caused by lesion of the third left convolution, and that there is still another form of aphasia, connected with lesion of other cortical regions, which form is characterized by the loss of verbal images." It is noteworthy that subsequent investigation has completely confirmed this view. In 1874 Wernicke proved that this second form of aphasia, characterized by loss of the comprehension of words, is located in the posterior two-thirds of the superior temporal convolution. In 1877 Kussmaul characterized this second form of aphasia as accompanied with a verbal deafness. Naunyn affirms that his own observations, 70 in number, go to prove that making some allowance for some individual differences of structure, and occasional substitution of function by the right hemisphere, both sensory and motor aphasia have the seats originally assigned to them by the authorities named.

Nothnagel, in analyzing the facts which have a bearing on the localization of the sense of sight, mentions the following visual troubles as associated with definite lesions of the occipital lobe:

1. *Hemianopsia*—blindness in the homogeneous parts of the visual field. If the cortical lesion which produces this blindness be bi-lateral, there is (2) complete *amblyopia*. In (3) *mental blindness* (seelenblindheit), the eye sees, but there is no comprehension of what is seen; the patient has lost his visual memories. This affection is linked to definite lesions (destroying lesions) of the

occipital lobe. (4) *Daltonism*. This is sometimes associated with mental blindness, but may exist separately. (5) *Hallucinations of sight*. These may also be due to cortical lesions.

"There have been a sufficient number of autopsies," says Nothnagel, "to prove that these disorders are connected with lesions of the occipital lobe." In answer to the question: "What part of the occipital lobe presides over the visual function?" Nothnagel affirms his persuasion that it is chiefly the cuneus and the first occipital convolution (O_1). In pronounced cases of hemianopsia, the lesion almost always exists in both regions mentioned; on the other hand, hemianopsia is wanting if O_2 and O_3 are alone the seats of lesion.

As for the seat of *intellectual blindness*, in which all the visual memories of objects are abolished, Nothnagel finds reason for locating it in the gray matter of the occipital lobe, abstraction being made of the cuneus and O_1 , which he thinks have nothing to do with this particular function. How much of the occipital lobe is concerned with visual memories is not known.

Localisation of the motor function.—It is generally admitted that lesions of the cortex cerebri produce troubles of motility, but the cerebral localization of all the muscles of the body has not yet been determined. The essentially motor regions are the central convolutions and the paracentral lobule. Whether these portions of the hemispheres be the absolute, or only the relative motor field for certain groups of muscles (*absolute Rindenfeld of Exner*), certain it is that monoplegia is generally found associated with a circumscribed lesion of these regions.

Localisation of the muscular sense.—Nothnagel considers it sufficiently proved by what he calls "old stationary foci of deficit" ("destroying lesions") that the centre of the muscular sense is in the parietal lobe.

Troubles of the sensibility.—There is almost everything yet to be learned about the localization of different kinds of sensibility. Paralysis due to cortical lesion are generally accompanied by diminished sensibility of the parts paralyzed; but there seems to be no correlation between the intensity of the motor disturbance and the modifications observed on the part of the sensibility. Certainly the existence of hemianesthesia has generally been found to be dependent on lesions other than those of the cortex cerebri, as of the internal capsule.

Nothnagel concludes his paper by passing judgment on the following questions:

1. "Do paralytic and other troubles of cortical origin result in fact from cortical lesions, or from lesions of the underlying medullary substance?" "Fifteen years ago," he says, "doubt was warranted on this question; to-day we have a sufficient number of conclusive observations to authorize us in deciding in favor of the cortical origin of these disorders."

2. "Is it the ganglionic cell or the fibres of association which must be regarded as the seat of the lesion?" Practically, he says, it makes but little difference which view of the case you take. Theoretically, the lesion of the ganglionic cells suffices to explain the abolition of function in the centrifugal conductor, as well as in the centripetal conductor.

3. In answer to the question: "Is there any such thing as functional substitution in the cerebrum?" he says; "not for the paralytic and other troubles resulting from permanent destruction of the cortical regions presiding over the function in question." We must bear in mind, he continues, that paralyzes may be inhibitory, and disappear with the irritation which produced them, or the loss of function may be temporary from lesion of some *relative* centre, and not of an *absolute* functional centre (Exner).

"The existence of localizations is no longer open to doubt. But how shall we explain the cortical function? The gray substance is the seat of the psychical functions, and as the centres presiding over motility are also in the cortex, the term *psycho-motor centres* has come into use, the understanding of this term often being this, that the internal representation of the movement is identical with the impulse given to the centres of the said movement. This view is certainly erroneous. The muscular movement depends on circumscribed centres, but not the production of the *image* of the said movement. A man who has suddenly become blind by an embolus retains his visual images; he cannot acquire new ones, but the old remain. I believe that the cortical region for motor images is in the parietal lobe, while the motor region is the *gyri centrales* and the paracentral lobule. The motor centres are agglomerations of cells into which is conveyed the impulse to movement by the association of fibres from any part of the region of motor images. Hence it is, that simple muscular paralysis results from the destruction of the motor centres, intellectual paralysis (Seelenlähmung) from

that of the regions of motor images; the psychical process has for its seat the entire surface of the cerebrum."

It may seem to many readers that the above somewhat rapid resumé of what is known respecting cerebral localizations leaves vast regions still unexplored. This is true, but it also indicates the direction in which progress is being made, and must still continue to be made.

One thing has been clearly brought out by late discoveries; the distinction of *partial memories* has become a settled fact; to every sense corresponds a memory which has a definite seat in the cerebral cortex, which may be destroyed by disease; on the sum of these memories largely depend character and conduct.

NOTES ON THE TREATMENT OF SOME COMMON UTERINE AFFECTIONS.

BY JOHN AULDE, M. D., PHILADELPHIA.

Among the numerous difficult and intractable cases which the general practitioner meets in his daily rounds, probably none are more troublesome in their solution than the more common class of uterine affections; and the object of the present paper is to place the matter before the reader in such a light that there will not be further necessity for condemning the poor sufferers to a life of pain for the want of appropriate treatment. To this end a few simple measures may be easily carried out by any physician, with satisfaction to himself and with the greatest benefit to his patient. So long have these affections been overlooked or disregarded by the family physician, that the patients have been compelled in self-defense to seek relief from specialists; and although the specialists in their particular departments have done their work thoroughly, a very large proportion of the patients have been unable to avail themselves of these advantages, either from lack of financial ability or from fear that some formidable operation would be proposed.

These cases have been regarded as the *opprobrium medicorum* for generations past, and have been facetiously referred to as "internal, infernal and eternal;" but the time is now when the physician who resists the appeals for relief will certainly be the wiser by the loss of his patrons.

Much has been written and printed in regard to cases of this class, and it would be difficult to find a single medical journal without a flaming advertisement of some infall-

ible "uterine tonic," or a "universal pessary guaranteed to cure all the ills that fall to the lot of this much abused organ. No one will condemn any legitimate operation which scientific skill demands; but for one, I must protest against unsexing a woman on mere suspicion that the womb and its appendages are at the root of her troubles. I call judgment on this question, and believe that the conservative element of the profession will uphold me in this claim by its unqualified approval. But I shall lose sight of the object of my paper, which is not to condemn but to praise. Let me therefore proceed to a consideration of the subject in hand, and if the occult business is made clearer and more simple to a single practitioner my duty will have been fully discharged.

Believing that an attempt to designate the cases which follow by technical terms would in a measure detract from the real interest in its perusal, it is deemed advisable to confine the descriptions or histories to those general terms which, while being thoroughly understood, will at the same time admit of the introduction of other material as concomitant factors bearing important relations to the various cases. This method will readily be seen to be the more acceptable from the fact that but few of the diseases seen in practice compare favorably with the book cases. It is an exceedingly rare thing to find any of these cases without complications, complications which frequently overtop the malady for which the patient desires to consult you; and as these notes are selected casually from my visiting list, they are so arranged that different classes will be distributed where they belong, although it is readily seen that my collection is far from complete. I have studiously avoided selecting any but those cases which will properly come under the heading of my paper.

First Class.—*Case 1.* About four years ago I was consulted by a widow lady, aged 47, for what she had been told was "falling of the womb." She had reached, but had not passed that critical period known as the *menopause*, and although she had consulted half a dozen doctors, both male and female, she had lived the life of an invalid for more than twenty-five years. She showed me a spot, somewhat dark and distinctly red on close inspection, on the left temple, which appeared to be an epithelioma, but she did not care much about that if she only could be made well enough to walk about and attend to her household duties. The reason for consulting me was stated to be on account

of a peculiar attack of numbness which had occurred a few weeks previously, the whole right side being affected, though only for a short time. Similar attacks had occurred previously, but none of the severity of this last one, and she desired to know how soon she would be likely to die from paralysis. It was not without some words of encouragement that an examination was permitted, as she told me frankly that she only wanted to take some medicine that would do her good.

Physical examination disclosed the uterus low down, the os eroded, with a granular cervix, but protruding in front of it, and external to the body, there was a pouch nearly as large as a hen's egg, apparently covered with natural skin, which was in reality the upper floor of the vagina (cystocele). Treatment consisted in the local application of Churchill's tincture with a glycerine tampon, until a suitable instrument could be obtained. I should have stated that there was a history of one or more hemorrhages; and this together with the suspicious scar on the temple, led me strongly to suspect that the cervical granulations were malignant in character. I was further inclined to this belief from the fact that there was a history of cancer in the family, but as a counter-indication I had before me a well nourished and healthy woman. She was not altogether healthy, however, as she frequently complained of pain in the cardiac region and there were the usual indications of tension at the radials (endarteritis). The attempt to use a tampon proved a failure, just as preceding attempts at the use of a pessary had done, several of which she showed me.

What is to be done in this case? Here is a patient who ought to be able to enjoy life for many years to come, and it is evident that should the menopause be passed without any serious accident, and the cystocele overcome, her future presents many features of encouragement, even after her case has been given up by the physicians whom she had previously consulted. Would it be advisable to attempt an operation for the cystocele? I think not, in her present condition. Will she be likely to make any perceptible advance towards health by internal medication, so long as this difficulty remains? It is extremely doubtful, and for the simple reason that she cannot take the exercise requisite to maintain a good standard of health. It is necessary, therefore, to adopt palliative measures for the relief of this trouble, and what is more clearly called for than a suitable pessary? But she has already had a trial of half a dozen, and all

of them were failures. After looking the ground over, I decided that Dr. Stauffer's "Stem-ball instrument" was the only one which presented any reasonable prospects of success, and accordingly one was procured and properly adjusted. The name of this instrument sufficiently indicates its character, but I may mention the points which prompted me to make this selection. First, it is wholly supported outside the vagina, so that none of the abdominal tissues suffer from undue pressure. Second, a belt is applied below the umbilicus, to which are attached rubber tubes passing through eyelets in the lower end of the stem, freely movable, while on the upper end of the stem is screwed a ball, the size of which is to be regulated by the amount of displacement necessary. Third, the length of the stem is to be determined either by actual measurement or by trial, and when one of these instruments is used care should be taken that the patient understands the use and value of hot water irrigations daily. Fourth, the ball of the instrument rests in Douglass' cul-de-sac; and if not too great pressure is made against the tissues, and hot water is freely used, but little discomfort is likely to arise after the first two weeks. It can be laid aside at bed-hour and reapplied each morning.

Some years ago I invented an instrument for the exact determination of pessaries of this class, by which any physician could take the patient's measure, just as the shoemaker takes the measure for a pair of shoes, or the tailor takes the measure for a suit of clothes; but thus far I have never published it, believing that I was doing a good service to suffering humanity by withholding it. It is called an "Intro-vaginal Pelvimeter."

In this case, however, the Stauffer instrument answered every requirement, and with suitable local treatment along with internal medication she made a good recovery, and to-day, with exception of the need for the use of the pessary she has excellent health.

Case 2. About a year ago, a lady aged 52, consulted me for "falling of the womb;" saying that she had suffered for about twenty years, and that the family physician and several others had treated her frequently, but without any benefit. On examination I found the uterus as large as a goose-egg, pendulous between the thighs (procidentia uteri). The organ was readily replaced. Her main dependence had been bandages; the last attempt at treatment having been such a failure that she had become disheartened. The circumstances related to me were

that a physician had promised her absolute relief, and that after making an examination he procured a pessary (Smith's), and had called at the residence to introduce it, but when she subsequently arose to bid the doctor good-day, the instrument dropped on the carpet. This accident happened to patient No. 1, and it became a serious embarrassment when she dropped the support on the floor or in the street. The same kind of a contrivance as that first described answered admirably in the case No. 2.

Second Class. Having used a number of these instruments with equally satisfactory results, I cannot deny them that meed of praise to which they are justly entitled, but I venture the suggestion that in many cases pessaries are a hindrance rather than an advantage to patients, and where it is possible to avoid their use far better results may be anticipated. Several of the cases which follow will fully illustrate this point, while others will demonstrate the advantages of not using them at all.

Case 3. In the month of December, 1885, I was called on to visit a lady who had become bed-ridden by the use and abuse of pessaries. The circumstances of the case are about as follows:

Mrs. C. had been under the pessary administration about four years, but in the meantime had given birth to a child, then nearly two years of age. She was now twenty-seven years old and had generally enjoyed good health, but four years previously her medical attendant had advised the use of an internal pessary, which she unfortunately wore too long. It gave her but little benefit, but it was supposed to give her no trouble further than keeping up a constant discharge, but, innocently thinking it was all right because the doctor had put it there, the instrument was allowed to remain in situ until after pregnancy had continued for some time. A short time after the birth of the child the old feeling of weariness coming on, it was deemed wise to have another pessary introduced. The result, however, was not at all satisfactory, and another physician was consulted, who, probably thinking that his services would not be appreciated unless he did something, said, "yes, the pessary was one that could be improved upon by making an exchange," and accordingly the exchange was made. No relief having been afforded by this manoeuvre, a third physician was called in, who, by the way, has a *penchant* for the discovery of possible tumors. To meet the early advance of any possible tumors, heroic measures were at once adopted. The uterus

was promptly scarified and freely leeches, while carbolic acid was used internally in such strength that the pain became constant and almost unbearable.

The *finale* was fully intended to be a master-stroke, and a supreme effort was made to win the patient over by faith, when a cup-pessary was introduced, with the firm assurance that the prospects for the future were the brightest, and that all pain and suffering should henceforth be things of the past. Confidence in this prophecy was visibly shaken when, in answer to a direct question by the patient, the attendant admitted that he did not know what ailed her. Friendly relations with this physician were severed, and an irregular physician consulted. He, also, said "yes," and ordered an abdominal electric bandage or belt, not forgetting to deliver a few sugar pills, and predict an early and rapid convalescence. Six weeks passed without shedding a ray of hope in this once happy home, and the poor woman began making arrangements to die; but that feeling, "which lives eternal in the human breast," buoyed up the husband to such an extent that he decided to get another doctor.

At this critical period I arrived on the scene of desolation, and the appearance of this poor patient was indeed pitiable in the extreme. Emaciated, hollow-eyed, unable to stand or walk, and unwilling to be further tortured, she appeared "sunk to the bottom of abjectness." Notwithstanding kind words of encouragement, she positively declared that she would not make one single effort herself, nor would she permit anything to be done for her which should in the least add to her sufferings. She had not walked across the room for weeks without assistance, did not dare to attempt to go up or down stairs, and when she tried to stand up she endured the most agonizing sensations. To use her own words: "It seemed as if the whole universe was expanding, and that she was going out with it." After expanding up to a certain point everything became indistinct, when she would have to lie down again. The conditions were anything but favorable, and it seemed that she would persist in dying, in spite of my most earnest solicitations.

Physical examination discovered an enlarged yet moveable uterus, the cervix choked with detritus from the uterine cavity, along with the debris from the use of the carbolic acid in the cervical canal. Treatment locally consisted in the use of boric acid with a cotton wool tampon, allowed to remain say three days, when it was removed, the vagina

thoroughly irrigated with hot water, and a new application made. In less than a week this patient was able to go around the house, and in two weeks she was able to go out, and at the expiration of three weeks from time treatment was instituted her servant was dismissed and she commenced to do her own housework. Internal treatment was also continued for a time, as was the local treatment, varied from week to week, as was indicated, the result being perfect recovery. I should make a note here of an oversight, one which may possibly happen to others. I have stated that she was instructed in the use of hot water irrigations, but it was not until the end of the second week of treatment that I learned that all she had in the way of a syringe was a glass instrument, and since then I have made it a rule to examine and test the workings of these instruments before the patients undertake to use them. This will be found an excellent plan, and where patients do not have them on hand it will be found most satisfactory for the physician to supply them himself, in which case he knows just what the patient is using. The history of this case appears to point to unfortunate effects from the use of pessaries, while the evidence is conclusive as to the favorable issue following the most simple method of treatment which it is possible to inaugurate. How much more satisfactory these results are may be inferred from a brief history of the case which follows:

Case 4. Over two years ago a lady sent me a message to the effect that when she could walk to the office she intended to consult me for some supposed uterine trouble. Not long after she consulted me in regard to her child, and told me then that she had never fully recovered since her last confinement, a condition of affairs entirely too common at the present day. Later I saw her at the office, and found her suffering from uterine engorgement. The os was patulous, the interior of the cavity unusually large, along with a catarrhal affection of the uterine mucous membrane (sub-involution). Treatment was conducted on the same plan as that just described, with the addition of tonic remedies for the stomach and the uterine functions, and although her visits were somewhat irregular, she made a perfect recovery. I should note in regard to the irregularity of the visits, that they were discontinued from time to time of the patient's own volition, as she said, "to see if she could not get well without the doctor;" and during these intervals she was industriously running the sewing machine. In the treatment of this case, I

desire to note the most favorable results from use of a paste having incorporated in it iodoform, the base being lanoline. Instead of cotton I now depend altogether on wool for the tampons. The antiseptic wool is far superior to cotton, for the reason that it does not collapse when moisture comes in contact with it, while the lanoline brings it back to nearly its original condition when on the sheep. Its value will be appreciated in the case which follows; but I cannot leave this one without noting the great temptation there was to use a pessary. Had I done so it is evident to me now that the patient would have secured temporary relief, and in the course of a few months would have returned to me or sought some other physician in a condition far worse than at first.

Case 5. Mrs. B. is a sprightly little lady of 27 summers, married five or six years, but has no children. For the past two years, however, she has apparently lost all her sprightliness, and thinks she is getting old too fast. She has abdominal pain, pain in the back, suffers from constipation, and is compelled to go to bed for a day or two on the appearance of each menstrual molimen. Physical examination discloses the fundus of the uterus bent backwards and pressing on the bowel (retroflexion), thus accounting for the abdominal pain, and in part for the constipation, and for the pain in the back. The organ being freely movable, replacement by means of the sound was first practiced, then dilatation cautiously by the use of Baer's dilator, when a suitable tampon was introduced and allowed to remain several days. An Emmet pessary was introduced on trial, and seemed to answer very well; but as the patient lived at a distance and came here for a month or two for treatment, it was not deemed advisable to allow her to depend too much on any kind of an instrument, when it was but a question of a few weeks when the trouble would probably be fully relieved. My anticipations were realized, the patient starting for her home feeling as well, if not better than ever in her life.

In all of the preceding cases it will be apparent that very little treatment was needed, and such is the case; but they were just such cases as make the bad ones when allowed to continue. When these simple cases are allowed to go on, shortly there appear ovarian troubles, with hysterical manifestations and attacks of syncope in their wake, when the real difficulties in the way of treatment occur. These simple cases are often permitted to go on even under treatment, as the following case exhibits:

Case 6. Mrs. C. is a care-worn looking, but cheerful lady of twenty, but she complains of headache, abdominal pain as well as pain in the back, and altogether she looks as though she was pretty well washed out. Married several years, but without children, she has little to do except her housework, but lately she is scarcely able to attend to that properly. For the past six months she has been under treatment at the hospital, where she has been treated locally once or twice a week. Not having made any perceptible headway during all of this time, she has concluded to change to a doctor in the vicinity, and comes to me in the hope of meeting with better success. Physical examination reveals a relaxed condition of the abdominal tissues, a state of affairs we would naturally expect to find from her general appearance. Along with the uterine affection there is bronchial catarrh, showing that an affection of the mucous tissues in one part of the body may be found reproduced in another and distant part, even when there is no continuity of surface. In this case the weekly use of a suitable tampon along with a tonic treatment quickly relieved her, so that in the course of a few weeks she was dismissed cured.

AN ETIOLOGICAL FACTOR IN THE
PRODUCTION OF A CASE OF
DIABETES MELLITUS, AND
ITS PROMPT SUBMIS-
SION TO THE INFLU-
ENCE OF CO-
CAINE.

BY E. K. WELLER, M. D., OF TREXERTOWN,
PENNA.

Mrs. Chas. W.—, aged 54. Farmer's wife. Family history good. She had been a strong, healthy, well-built and muscular woman and always worked hard. She has a light complexion and a nervous, active and excitable temperament. This has given her a quarrelsome disposition which has for long years made her married life one of continual strife, her husband having a similar temperament. Fright and worry were unknown to her. About three months ago she noticed that she began failing in health, her nerves became more unsteady, and she now began to be easily frightened and worry over trifles; the slightest excitement, as an accident to a horse, causing palpitation of the heart and dyspnoea. She also began to notice that her

eyesight was failing. In addition, there was itching at the vulva which increased to such a degree that at present it gives her great annoyance. Her present condition (May 5, 1887,) is as follows:

Appetite and digestion good and bowels regular. Tongue large, pale, flabby, and dry. Skin harsh, dry, and itching. Muscles flabby. There is considerable emaciation for her. The thirst is at times intense and almost continuously present. She sometimes consumes a quart of water in an hour. Occasionally there is tinnitus aurium. Eyes not examined.

The urine is passed in large quantities and micturition is frequent day and night. When a drop of urine is dropped on the oil-cloth it leaves a "salty" deposit on evaporation, and when left in a chamber over night ferments. The quantity passed in twenty-four hours is about two gallons, has a sweetish odor, and when boiled with an equal quantity of Fehling's solution, leaves a "brick-dust" deposit which, approximately estimated, constitutes about one-twelfth of the bulk.

Treatment.—Cocaine having a pacifying effect upon the brain and a most excellent remedy for the relief of polydipsia from other causes, I prescribed two drops of a four per cent. sol. every three hours, and the anti-diabetic diet advised by Tyson, in Pepper's System of Medicine.

June 7th, 1887.—After a few days the polydipsia disappeared and the urine was little above the normal quantity. The pruritus vulvæ was much less annoying. The itching and dryness of the skin was absent. The other conditions remained the same. I continued the same prescription, adding another for the anæmia and as a tonic, viz:

R Tr. opii.....f 3 j
Tr. ferri chlorid.....f 3 j

M. S.—Twenty drops three times a day in water after meals.

The patient ordered to return in two weeks.

I saw the patient again on the 28th of June when all the symptoms had disappeared. The anæmia was very much diminished, and she felt "as well as ever." The nervous symptoms had all improved and the palpitation of the heart has not recurred once. I now continued one drop of a two per cent. solution of cocaine, and the iron. After using this treatment for a month longer the case could be called cured, as all traces of sugar were absent when I made the last examination of the urine. I have since heard

of the patient, and there was no return of the symptoms.

I could at no time find any increase or diminution of the area of hepatic dullness on percussion, as reported in some other cases.

The etiological factor, which I want to refer to in this case, is arrived at by exclusion. In the absence of all others, none of which are definite, it appears to me that this case was caused by the reaction of over-active emotional centres on the diabetic centre.

Certain hypothetical inhibitory centres are recognized, and that the one controlling the glycogenic function of the liver is in close relation to the emotional centres seems logical, in this case at least; for whenever the patient became angered or excited the symptoms, and especially the pruritus vulvae, were aggravated. Now we know that the diabetic centre is in relation with the other special centres, notably the sexual, for diabetes mellitus has occurred in persons who are given to excess in sexual indulgence; so that, if sexual excess or over-activity of the sexual centre has induced such a degree of affection of the diabetic centre as to cause diabetes mellitus (as it has affected any or all of the emotional centres; for instance, giving rise to emotional insanity), then it is but logical to conclude, if no other cause can be demonstrated, that the excessive exercise of any emotional centre may react on the diabetic and induce diabetes.

The so far successful issue of this case under the influence of cocaine leads me to make the suggestion that it be carefully tried in similar cases.

While there are several drugs which have a decided and prompt action on this disease, there are some which are open to objections, and it is well to know several, so that for individual cases we may select the one that is least objectionable.

—It is stated that a very considerable quantity of injurious fungi is now finding its way into the market as mushrooms, and several cases of severe illness, caused by the consumption of what appear to be the button mushrooms, but which are really poisonous fungi are reported. These poisonous mushrooms have a yellowish appearance when cut, but otherwise appear exactly the same as the edible mushroom.

SOCIETY REPORTS.

Special report to the MEDICAL AND SURGICAL REPORTER by A. S. MCKEE, M.D.

MEETING OF THE BRITISH MEDICAL ASSOCIATION, HELD IN DUBLIN.

Address in Medicine.

BY W. T. GAIRDNER, M.D., LL.D., EDIN.

After introductory remarks, the speaker put forth what he called a "A curious inquiry," viz: "Has the practice of medicine (that is, the art distinguished from the science) made a single step since Hippocrates?" Such, alas, was the doubting, almost mocking query suggested by the late most eminent Sir William Hamilton, Professor of Logic and Metaphysics in Edinburgh University, in an article reviewing Cullen's writings, published in the *Edinburgh Review* in 1832, and afterwards reprinted in a volume of discussions, published in 1853, not long before the author retired from public duty. To this question, thus propounded by a distinguished and marvelously learned authority, Dr. Begbie then addressed himself with a great amount of Hippocratic erudition, by contrasting ancient with modern practice. The interval he endeavored to bridge over, from 400 B. C. to 1875, A. D., was quite too enormous to be so dealt with. Hippocratic medicine, after all, and nineteenth century medicine are not comparable quantities. It was much more easy to show that we knew more and that we cured better than Hippocrates and Galen. Dr. Begbie was most kindly disposed toward the ancients, and had no difficulty at all in showing that they worked marvelously well, and had anticipated us in several of the arts and inventions and observations which we are apt to call our own. It was Galen who built up the scattered fame of Hippocrates in the second century of the Christian era. For this, even if for nothing else, Galen would have the thanks of every student of medical history.

To Cullen and his age the speaker next devoted considerable time. Cullen was the recognized inheritor of Hippocratic ideas in Edinburgh. His fame was world-wide, not only in medical circles, but also in literary. There arose an antagonist to Cullen, whose system, Brunonianism, almost overturned Cullen and his views, and entertained the thoughts of medical minds at home, in Germany and in Italy, to an extent we can scarcely comprehend now-a-days. From what we know of the system, I doubt if two

men in the British Medical Association could, at this moment, give a reasonably clear, off-hand account of the doctrines termed Brunonianism. Such a system of the treatment and cure of disease as this system really was, if brought to light now, would be very short lived to what it was then. This I take as a proof that we are on a more solid foundation, and have made advances since that time.

In France, the new birth of pathological anatomy, represented by the great name of Bichat, at the very beginning of the nineteenth century, put a stop to all such vagaries as Brunonianism by furnishing a more tangible and real pabulum for the medical understanding. But it still lingered in parts of Italy, and an encounter of my own, in the great Ospedale Maggiore of Milan, in 1852, with one of the venerable professors, showed that the art of medicine had not advanced many steps there since the time of Cullen, or possibly even of Hippocrates. On this occasion he ordered every third or fourth patient to be bled.

To return for a moment to the Brunonian system of heresy, and the apparent defeat which for a time was inflicted upon the traditional or more orthodox medicine represented by Cullen, we see that although Cullen did his best for it, the art of medicine was in a condition of unstable equilibrium toward the close of the eighteenth century. The Brunonian theory substituted infinitesimals for the potent remedies of John Brown, and exactly the same remark may be made of the homœopathic doctrine, also a revolutionary child of the eighteenth century.

Have we attained to greater stability now? I venture to answer this question in the affirmative, but can dwell only on a very few points of salient interest in a vast field of inquiry, and simply show the direction of modern progress. The impulse given to surgery through antisepticism is one of the greatest in the history of the art. Yet we have eminent surgeons who obtain brilliant results without using these particular remedies.

In some minds the great revolution in the medical treatment of fevers and inflammations occupies as advanced a position as antiseptics in surgery. I am bound in candor to admit that while I have no doubt as to the advantage in some cases of the antipyretic or antithermic treatment, I have yet to be convinced of its application as a routine in typhoid or in any other fever. I am by no means insensible to the wonderful

patience, research and apparently scientific exactness shown by some recent authors, and it may be readily conceded that both in typhoid fever and pneumonia, as previously treated in German hospitals with an enormously high mortality, the method in question marks a great advance.

"The art of medicine is at this moment in a peculiar position. The day of orthodoxies is over, the day of real science is only just dawning. It is no longer possible to blame a man for having ceased to believe what our fathers believed; but it is extremely difficult to state in general terms what we believe ourselves, and still more difficult to forecast the future and lay the foundation of the faith of our successors."

Notwithstanding the apparently sceptical ring of these sentences, I hope to be able to show you how the new theory and corresponding practices which have replaced the old, are the results of applied sciences and not mere tradition, and thus secured against revolutionary overthrow.

1. *Hygienic Remedies.* The fruitful progress of preventive medicine (otherwise called sanitary science) during the last 30 or 40 years, is not only a striking advance in itself, but it may be maintained that curative medicine has steadily advanced along the same lines. The prevention and cure of disease are not identical, but the laws which guide the former are in a large measure applicable to the latter. The same overcrowding which is a cause of typhus is a source in hospital wards of pyæmia and erysipelas, in barracks and gaols of consumption, in certain endemic localities of contagious pneumonia, and probably of diphtheria.

The treatment of diseases of every kind has been largely, even if silently, influenced by the thought that the disease-breeding factors must also be, in individual cases, adverse influences to be carefully studied and kept in check, and in chronic cases especially a large part of the cure consists in the removal or modification of the cause.

2. *Self-healing Processes in Acute Diseases; Abuses of Venesection.* Closely allied with the change just mentioned is another which has begun to bear fruit largely only within my recollection. My own opinion is not perhaps of very much consequence; but I may state that at a very early stage of my career I became convinced of the great abuses of venesection, and I have not had any thing to cancel or recall in this respect. I am rather inclined if any thing to admit that the reaction of opinion against this and

other powerful therapeutic agents may have gone a little too far. But as to what may be called the Gregorian practice, probably differing even from Cullen's, and certainly from the genuine Hippocratic tradition, I think there can be but one opinion among my hearers. Forty years ago it was still a point open to question whether pneumonia and other acute inflammations could possibly be cured without blood letting. You all know what has come of the controversy famous in its day, on the particular subject of pneumonia between Dr. Bennett and Dr. Allison, and how completely the old traditional theory has been overthrown.

Here were given copious extracts from the teachings of James Gregory to the students of Edinburgh University in 1820, on blood letting in lung diseases. In these are seen the fanaticism of a powerful and vigorous mind, misled only by the fact that, under the influence of a traditional orthodoxy, he had never allowed himself to think or try other means. He advocated blood letting for pneumonia so extremely, that in one case a patient lost 96 ounces of blood in two and one-half days. Another 204 ounces in a week.

3. *Epidemic Fevers; Alcoholic Stimulation.*

—I am tempted at this point to allude to another instance of changed practice occurring within our own day, and applicable over a very wide area of disease.

In typhus fever as it occurred epidemically between 1819 and 1829, the idea first took root in some of the most prominent medical minds of that day, that alimentation not depletion, was the proper practice to be pursued in most of the endemic fevers. The idea leaned, however, more to the side of stimulants than food. The essential principle was that of supporting the strength and warding off the tendency to death from ashenia. With some this idea became merged into a process of high alcoholic stimulation. The practice associated with this theory was the subordination of all other nourishment to alcoholic liquors and especially brandy, given in huge doses continuously every half hour all day and night. So little indeed, did the previous habits, age or sex of the patient count that a nursemaid aged 18 had 48 ounces of brandy per diem at the height of her disease, and between 4 and 5 gallons in all. Another girl far gone in organic disease had several gallons of brandy in the course of a few weeks. Such excessive use of stimulation has been made the subject of learned inquiry and it is now regarded as an established position, that in typhus fever and

therefore in all fevers and diseases attended by febrile debility alcoholic stimulants are not the best form of alimentation, that their use is as a medicine within limits, and also within limits easily suggested by reason. Milk (which during the alcoholic fanaticism had been lost sight of), is in reality the food most easily digested and more conducive to success than any other.

I have thus endeavored to show you, by a few instances only in what manner and on what lines, the art of medicine has been advancing toward stability as I affirmed in the early part of this address. What has been doing in all these years has not been in vain. A vast army of earnest, unprejudiced, disciplined workers has been engaged upon all the unsolved problems connected with disease. Diagnosis and pathology have made immense strides during the whole of the present century. Operative surgery has achieved the most brilliant and unquestionable triumphs of any period in the long course of Medical history, and this in almost every department. Hygiene and sanitation, with their reflective influence on curative medicine, have advanced by leaps and bounds and even in strictly therapeutic methods, the changes though not so palpable or easily stated are all in the right direction.

A science of pharmacology, or of the uses and actions of medicines, is being built up on a foundation that was never possible before the present day, and which will render this, the least satisfactory department of the science of healing, far more secure in the future. Nor is the immense relief to human suffering by the use of anæsthetics, and even of anodynes and narcotics in greatly improved forms of administration, to be ignored even in the most brief allusion to the modern use of drugs.

All that removal of the old traditional dogmatisms has been merely a clearing of the ground by the fathers and grandfathers, and the fervid youth of the present generation is here permitted to sow the seeds and reap fruitful crops for humanity at large.

WM. MOORE, M. D., physician in ordinary to the Queen in Ireland, delivered the address before the Section of Medicine upon

Advance in Knowledge of Fevers.

After the customary thanks for the honor bestowed upon him he proceeded to state that it was mainly due to the application of the microscope, laryngoscope, thermometer, and such kindred appliances that the science of medicine had made such rapid strides

during the last quarter of a century. But we still want something more of the precision which holds in mathematical science, and this is especially true in clinical medicine.

To give a general review of the more prominent advances made in medicine as an exact science would here be out of place, hence he confined himself to one subject, the advances made in fevers, the direction of precision as regards their specific characters, their diagnosis, and prognosis. In his student days no branch of medicine was more unsatisfactory than the diagnosis, and treatment of fevers. Now symptoms are daily anticipated, and treatment carefully applied on sound therapeutical and pathological ground. With a glance we recognize the specific character of the fever, its duration, prominent symptoms, their clinical value, with the correlative conditions of pulse, and temperature, and ultimately the prognosis of the case. To whom is this exactitude in diagnosis mainly owing? Among others in this country, to the labors of the late Dr. A. Stewart, a distinguished member of this Association, and to one of our greatest living physicians, Sir William Jenner, whilst by Sir John Simon, and his co-laborers in the researches upon the causes of fever, results as to prevention have been obtained which have reduced the mortality to a minimum compared with fifty years ago.

Nothing leads to more exactitude in a knowledge of fevers than a true understanding of their duration, and the occurrence of salient symptoms in the various stages of a long or short fever. For instance, delirium occurring in scarlatina (a short fever) must be taken prognostically for what it is worth; whereas the same symptom at the same date in typhus fever would mean coma on the fourth day and fatality on the fifth. We must take another reading of delirium occurring later on in continued fevers, with the associated conditions of pulse and temperature, which in a thousand cases will hold with comparative precision. Whilst this is true in diagnosis and morbid anatomy, I fear prognosis and treatment have not advanced beyond the domain of probability.

While we are able to anticipate with comparative exactness the great structural changes demonstrated by pathology and morbid anatomy, and verified by the microscope, at the same time we must take into account the variety of types met with in epidemic diseases, and how far this may conduce to a want of exactness in scientific medicine. It is certain that our lack of knowledge of pathology led us in times gone by to the employment of unsuitable remedies, such as the active

purgatives in advanced stages of enteric fever; this has been rectified, yet we occasionally find a critical diagnosis, associated with a neglect of therapeutical means, which might be more successful in combating disease than the remedies of the pure scientist.

Time forbids my pursuing this wide and interesting subject further, and these crude remarks must only be regarded as imperfect pioneers for further reflection.

The address upon psychology was delivered by J. R. GASQUET, M. B., upon

The Physiological Aspect of Insanity.

The speaker thought that the abundance and importance of the bodily conditions that come before us do not distract from our minds the mental and moral phenomena of insanity. It is a question whether we do not look too much upon the physical side of the object of our study and too little upon the psychical. I have not the slightest wish to disturb the tacit agreement that questions of philosophy should be set aside by us and that our business is to study the concrete manifestations of mind. I am quite agreed with Lotze (*Logic*, chapter v.) that insanity is a disease of the bodily organization, and must be studied as such. But, "a moral sermon becomes intolerable if it goes on forever," and there does not seem much present risk of its being forgotten; while there is, on the contrary, danger of a reaction if we dwell too unduly upon the bodily side of our duty. The zig-zag path of human thought may at the next turn bring the physical aspect into undue prominence.

Our daily increasing recognition of the universal extent of heredity has somewhat lessened our attention to those factors of insanity which used to be called and still figure in the text books as moral causes—education, precept, example and all the manifold ways in which one mind can influence another. Of course, they all have a common physical basis in that tendency to imitation which is inherent in the nervous system as the highest form of reflex action, yet the connecting link between mind and mind is none the less purely psychical. What fields remain unexplored? Who has tried to unravel the tangled skein of family histories, and tried to estimate the share which the early training of neurotic parents have in strengthening the evil tendencies which they have already transmitted to their children? Happily, we seldom now have the opportunity of studying the effect of imitation in those epidemics of insanity which

have been so notable in the history of the world; but their records are still open to our study, and seem to justify my contention.

Jealousy, remorse, anxiety, grief, act only by and through the nervous system, but in their nature and origin are mental rather than cerebral. Passing from the causation to the symptoms we find psychology equally as deserving of more careful investigation than it receives at present. Many of the phenomena of insanity if tested by psychology turn out to be quite different from what they at first appear. It may even be suggested that the slowness with which psychiatry progresses may be largely due to our imperfect psychological analysis, which connects symptoms really dissimilar, and separates others which are only different in appearance. We may say roughly that the bodily condition supplies the direction which the insanity takes, while details by which every individual seeks to account for his altered feelings are derived from his past mental experience. Religious belief supplies delusions often of an endemic kind.

The way in which the systematic delusions of chronic insanity are gradually built up are curious and remarkable. For instance, we have all seen patients who start with the delusions of persecution, and gradually go on to construct the belief that they must be personages of exceptional rank or importance to be the victims of such persistent conspiracy and hatred. Or again: It is interesting to watch the growth of delusions in educated lunatics, by their continual attempts to meet real or fancied objections, so that the very reasoning which is employed to disabuse their minds leads to their increased confusion.

A question of greater delicacy and difficulty has been sometimes approached, but still awaits adequate investigation. It needs a very subtle analysis to discover whether all the mental faculties are alike liable to perversion, or whether any laws of thought or processes of mind remain standing amid the general ruin, and are always normal as long as they are manifested at all.

Neither will any one say that the several groups of symptoms which we include under the term "moral insanity" have been sufficiently studied. Many problems still await solution by the application of psychological analysis, though it has been carried much further in this than other directions, owing to the pressure of medico-legal requirements.

After all, the ultimate test of our medical knowledge is in its practical value. This fact excludes from my consideration the

services we might render psychology, were we trained psychologists. But it leads me to ask all the more urgently, is the psychological side of our speciality unduly neglected in treatment? As a proof that it is I need go no further than the term "moral treatment," which has been used so vaguely as to almost become ridiculous and fallen into disrepute. It is indeed true that the mental and moral influence of one mind upon another is never more wonderfully displayed than in the management and cure of the insane. To rouse the apathetic, to cheer the melancholy, to control the excited, to bring the self-centred lunatic face to face with the realities of life—these are noble powers indeed, which are being constantly exercised in asylums. But the tact which can do all this is personal and incommunicable, born of long practice, of frequent success, and still more frequent failure; it is the skill of the artist bringing forth harmony and order from the instrument on which he plays.

What a gain it would be if the beginner could start in some measure armed with the experience of past generations. That the thing is not impossible is shown by the success in a parallel profession of Mr. Sully's excellent *Teachers' Manual of Psychology*. It is from this point of view that such experiments as Dr. Savage in particular has recorded are of great interest; where lunatics are reasoned out of their delusions, and cured, so to speak, by psychology.

A profound conviction of the importance of my subject could alone have induced me to occupy your time to-day with what at first sight must appear mere fault-finding and criticism. I felt I could not do better than to enforce the old sentence, which says, *Ars artium regimen animarum*—"the art of arts is the government of souls."

The address upon Laryngology and Rhinology was delivered by W. MAC NEIL WHISTLER, M. D.

Gentlemen:—To tender a cordial welcome to all devolves upon me as the most pleasant of my duties to-day. To you who have so contributed to the history of our speciality by your researches and written records, any allusions from me to details of progress would be ill-timed and even presumptuous. For all these stages, since the time when the laryngoscope first gave insight to the hidden workings of the larynx in song, and lent some hope of aid to the physician, to the present day when in the fuller fruition of hope, laryngology has reached its present state of

undenied importance for the clearer understanding, and more rational and effectual treatment of disease, all these are known to you as household words. I may but say as an incentive to all of us to further effort, that where so much has been done still more may be attained.

Much towards the furtherance of this end, I would suggest, might be gained by still more concerted action, and by readier opportunities for the discussion of these questions, which appeal more directly to us, than are afforded through the channel of the general medical societies only. By frequent inter-change of thought, mutual and great advantage must accrue to us as workers in a common cause. The wisdom that obtains from the multitude of counsels needs not to be insisted upon; while others engaged in special researches in the great work of medicine and surgery have proved their acceptance of this truth by establishing centres for the advancement of their art, laryngology and its associated specialty, rhinology have no such representations in England. Contrasted with this seemingly strange defect, the Laryngological Association of America is a bright example of the benefits of collective investigation which has even in the few years of its existence, given rich results, until the records of its annual transactions have become an invaluable addition to our literature. I would, gentlemen, express the hope that some proposition for the founding of an association for this object in Great Britain may yet be brought forward, and steps taken for its accomplishment.

Some may argue the asserted need is in no way real, in view of the required opportunity being supplied here in this subsection of the British Medical Association. I will plead second to no one in my sense of gratification at the establishment of this subsection, but the time allotted here must be of necessity limited, and the intervals between the sessions too long for the purpose to which I have alluded. In the true sense of a subdivision of that science which is our common interest, we may here still most fitly consider those themes which have a direct and practical bearing upon the questions which engage the attention of those whose sphere in medicine is less restricted than our own, though the detailed consideration of more abstract questions in our own specialty may more properly belong to the debate of a special society.

In, however, thus generalizing, and applying the result of our researches here, we, on the one hand, may be saved from what might

tend to too narrowed views, while on the other hand we link our special department more closely to the whole.

If in the expression of these thoughts I have seemed to you to tread too boldly upon what is possibly delicate ground, I pray you to ascribe such boldness to zeal, and not to any desire to be the critic of the past, or rush into the breach as an adviser for the future. I have but ventured to express an earnest wish. However sincere my expressions may be, it is my duty to curb these encroachments on that serious work which is the purpose of our meeting to-day. Let me not then further transgress upon our time, for you are not here to listen to a discourse from me, but I to hear and heed your words.

FOREIGN CORRESPONDENCE.

Letter from Berlin.

BERLIN, Aug. 4, 1887.

The summer months are not generally supposed to be favorable for a gynecological quest in any country, and here in Germany the holidays in the Universities are supposed also to cut off all work by the professors. I have, however, not found this to be the case; although in south Germany the heat compels a cessation for a few weeks in July or August, here in the north many continue to work as usual until late in August. I am at present visiting Professor (Geheimrath) Olshausen, and Dr. A. Martin daily, witnessing operations, and conversing upon gynecological topics.

Prof. Olshausen has not been long in his present position, having been called from Halle to take charge of the University Clinic and hospital for the diseases of women, to fill the place of Carl Schroeder, lately lamented.

I was vividly impressed with the sad loss we have all experienced, in common with all womankind, in attending a hysterectomy in the beautiful Frauenklinik this morning, in the same room in which I had been so kindly received by Prof. Schroeder a year ago.

Schroeder's personality is so vividly stamped upon all scientific German work to-day, that the image will long preserve its identity, and though dead, yet will the great man continue to speak to many generations of doctors.

Of the sad circumstances of his death I have been able to learn something more exact than the meagre views which reached us across the Atlantic.

His last appearance in the Berlin Gynecological and Obstetrical Society was on January the 14th, when he exhibited a pregnant uterus removed for myomata.

A week later he showed the signs of the illness which carried him to his grave. This illness began very suddenly, and exhibited so many changes that at the time he was called to attend the Princess Wilhelm in confinement, although unable to go himself, was able to speak in the clearest manner with Dr. Hoffmeier upon everything connected with the subject. He became suddenly worse immediately afterwards, and died on February 7th, at 3.30 in the afternoon.

The immediate occasion of his death was made only too clear, but the ultimate cause lies wholly wrapped in obscurity, in spite of the careful post mortem examination made by his friend, Prof. Rudolph Virchow. An old encapsulated abscess of the posterior part of the right lobe of the brain had broken into the right ventricle, and caused there a profuse acute suppuration, and finally a basilar meningitis. The right thalamus opt. was so pressed upon by this abscess that it was flattened down and deeply indented.

Also between the base and root of the right lung lay a remarkable body the size of a small nut, of fibro-cartilaginous consistency, containing a pus-lined cavity. This very remarkable body communicated with the œsophagus by a narrow canal. In a part of this mass were also found some very curious pigmented foci of cholesterin, such as Prof. Virchow had never before seen under similar circumstances. The lungs were perfectly healthy and a suspicion even of tubercle absolutely to be excluded. There were marked traces of old endocarditis. Such was the mysterious condition discovered, and no one seems to have been able to interpret it. Schroeder was a man of great power and personal magnetism, and such was the impression he made upon me in the frequent meetings last summer, that, since the news of his illness and sad death, all the facts I could glean have been constantly and vividly before me; and I may be pardoned if I venture apologetically to offer an interpretation of the fact which has suggested itself to me, and seems at least to bear an air of plausibility.

A pneumonia from which he suffered about five years ago was, I believe, *septic*; thence originated the disease of the heart, and the peculiar body at the root of the lung may be the remainder of an infected gland which discharged through the œsophagus and contracted.

The heart disease gave rise to an embolus in the posterior lobe of the right brain, where the absence of defined centres motor or sensory, account also for the absence of any prominent symptoms, until the abscess attained sufficient size to press on the thalamus, and thus mediately to disturb the optic centre, as indicated by twitching of the eye, by which he had latterly been annoyed. During the past year he had frequently complained also of unusual tired feelings. The rupture of the abscess, and the symptoms following are now only too patent (causally). The elevation of temperature was but slight at any time. Thus died one of the world's greatest men, a literal sacrifice to this work, the cause of suffering women.

Wonderful too in view of his disability, is the vast amount of work he was able to force out of his tired mental and bodily machine during the year preceding his death, a work crowned by the great obstetrical research on "the uterus in pregnancy and in labor," containing his great studies on the "contraction ring," which will I believe prove to be his most valuable contribution to scientific and practical obstetrics.

Did not time and space fail, I could find no pleasanter task than to trace the history of his life, from his student days in Wurzburg, to his call to Bonn, as assistant to Gustav Veit, where he first dedicated himself to that course followed with such brilliant results, through twenty-three years of his life; and then his removal to Erlangen, and finally to Berlin, where he built the great Frauenklinik. It would be of interest to his many admirers to hold up a picture of gynecology and obstetrics as they were when Schroeder entered upon the field, and as they stood comparatively, when he left, and to point out the strong mark of his hand seen in all fields of the work.

Such was the comprehensive character of his activity that a history of his work would be a fair picture of our advanced gynecological and obstetrical science of to-day. No unworthy jealousy will be roused when I say in concluding, that no living man can in all respects fill his place; and as the months roll on and we look back perspective seems to have reversed its rules, and we feel stirred to exclaim "there were giants in those days."

HOWARD A. KELLY.

—All the conductors on the Maine Central Railroad have been provided by the management of the road, with cases containing all the remedies to be used in cases of accident.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Extra Uterine Pregnancy.—The Fœtus Retained for Five Years and then Expelled through the Rectum.

Bubendorf reports the following case: At the second month of pregnancy the decidua was expelled from the uterus. At the fifth month the patient thought she felt the movements of the child. At the normal end of pregnancy a great quantity of fluid escaped from the vagina. This discharge continued some days without the appearance of the child. After a month, menstruation again returned regularly. A tumor was made out in the left side of the pelvis, but the patient suffered no pain. Five years later, without recognizable cause, foetal bones were evacuated from the rectum. The author thinks the pregnancy was tubo-abdominal and that the fluid escaped from the tube into the uterus and thence out. The fœtus at the end of pregnancy had died, but could not take the same way as the fluid, and so remained in the abdominal cavity until expelled per rectum. The mother nearly died at the time the bones were expelled.—*Centrallblatt f. d. med. Wissensch.*, July 9, 1887.

A Hitherto Unrecognized Body in Pathological Urine

Thormälen writes as follows in *Virchow's Arch.*, Bd. 108, S. 317: In a woman 36 years old, who was suffering from multiple, possibly secondary malignant tumors of the liver and spleen, there was observed in the urine a different course of the reaction with nitro-prusside of soda and caustic soda. That is to say, the primary red coloration called forth by these re-agents after acidulation with acetic acid was not distinct, and also not purple, which would indicate acetone, but an immediate gorgeous blue. Addition of alkalies changed the blue color into red, and then by acidulation with acetic acid the fluid again became blue. Respecting the behavior of the doubtful substance under re-agents, the following could be established: It is non-volatile, is easily decomposed by mineral acids, difficultly decomposable by organic acids, strongly resistant to alkalies, not precipitable with neutral acetate of lead, but on the contrary completely precipitated by solution of the subacetate of lead and ammonia, and out of this precipitate it can

be recovered by carbonic acid as well as by carbonate of sodium. Transferred from heated urine into hot alcohol, it is pretty completely precipitable out of this solution by an equal volume of ether, but on the contrary is insoluble in chloroform, rhigolen, benzol, bisulphide of carbon. This substance is normally present in the urine of horses and cats, and can be obtained in purer form from horses' urine by precipitation with acetate of lead, then acetate of lead plus ammonia, as well as by the method of Baumann and Brieger, though it is still not completely isolated.—*Centrallblatt f. d. med. Wissensch.*, July 16, 1887.

The Medical Treatment of Fissures in Ano by Cocaine.

M. MENDEL commences by cauterizing the affected surface with nitrate of silver after first applying a five per cent. solution of cocaine. He then orders the patient to apply, especially after defecation, the following ointment:

R	Acidi boracici.....	gr. xxx
	Cocain. hydrochlor.....	gr. xv
	Lanolin.....	3 v
M.		

In the intervals of defecation he applies to the wound lint coated with this ointment, and prevents constipation by using saline purgatives. Moreover, he cleanses the surface of the fissure several times a day with three per cent. boric acid water. In this way Mendel obtained recovery in from one to two weeks.—*Le Concours Médical*, July 23, 1887.

Two Cases of Gonorrheal Endocarditis.

Among the relatively few recorded cases of endocarditis arising in a causal connection with gonorrhœa, an affection of the joint pretty constantly forms the connecting link between the urinary passages and the heart. The author, however, now publishes the histories of two male patients who experienced an attack of endocarditis in respectively three and four weeks after the beginning of gonorrhœa, without the previous occurrence of an affection of the joint. In one of these cases cure resulted, while the other led to insufficiency of the valve.—*VON DEN VELDEN. Centrallblatt f. d. med. Wissensch.*, July 23, 1887.

The Treatment of Acute Miliary Tuberculosis.

Lépine recommends iodine as the best remedy. Its employment in substance is obsolete, and as Binz teaches that the iodide in contact with living protoplasm and carbonic acid sets free iodine, the employment of preparations of iodine are to be preferred; especially as by them more iodine can be introduced into the system than by using pure iodine.—*Allgemeine med. Central-Zeitung*, June 29, 1887.

The Treatment of Dysentery.

During a service of thirty-five years in the British army in India, Mac Dowell had valuable experience with dysentery and its treatment, and declares that its horrors are vanishing since the following treatment has been employed: 1. An adult takes a dose of at least twenty to twenty-five grains of ipecacuanha. 2. The stomach is prepared to receive this dose by the patient's taking an hour beforehand, twenty drops of tincture of opium, and having a mustard plaster put over his stomach. The ipecacuanha is given in the form of large pills, taken in the evening before going to bed, never in the morning or in the course of the day. Subsequently nothing ought to be drank. This treatment is continued every evening, and in this way by the third morning blood, mucus, and pain have generally disappeared. During the day bismuth is allowable.

Small doses of ipecac are only harmful: they were used for two hundred years in India without removing the mortality.—*Allgemeine med. Central-Zeitung*, June 29, 1887.

A Case of Hæmatophobia.

In the Biological Society of Paris at its meeting on June 18, 1887, Féré introduced the subject of hæmatophobia. Many persons could not see blood without being seized with different kinds of attacks, such as syncope, hysterical attacks, etc. Some were only affected by the sight of their own blood; in some a handkerchief spotted with blood was sufficient, in others a strong stream of blood was necessary to call forth the attack. Féré treated a woman forty years old who suffered from hysteria and hæmatophobia. As he was examining her one day he brushed accidentally against her elbow. The patient immediately fainted. She subsequently informed him that during an attack of pneumonia some years before, she had

been bled from both arms; and since then she always lost consciousness whenever any one touched the spot on her arm.

Laborde places this phenomenon in the same category as the epileptic attacks which are induced by a scar. He himself had an old scar which formerly could not be pressed without his fainting. Brown-Séquard remarked that the motility of the reflex excitability is extraordinarily different and diverse in each individual.—*Deutsche Medizinisch-Zeitung*, August 8, 1887.

Treatment of Locomotor Ataxia with Rarefied Air.

Dr. H. M. Lyman gives the following summary of his opinions upon the treatment of locomotor ataxia:

1. That progressive locomotor ataxia cannot be cured by dry cupping.
2. That the painful sensations which accompany the evolution of the disease may sometimes be relieved by this method of treatment.
3. That the principal advantage resulting from the use of Junod's cupping apparatus consists in the improved nutrition of the muscles of the limbs which are subjected to its action.
4. That the delay of muscular atrophy thus procured is due to the local action of rarefied air upon all the structures of the affected parts and is limited to the tissues which are actually inclosed within the exhausted receiver.
5. That the improvement of nutrition is, therefore, principally accomplished by direct action, rather than by reflex influences exerted through the spinal cord.
6. That in the use of rarefied air we employ an agent which is competent to fill a subordinate and limited, yet often serviceable position in the treatment of cases that are characterized by a tendency to muscular degeneration.

This, probably, is also true in other diseases besides progressive locomotor ataxia.—*The Journal of Mental and Nervous Diseases*, July, 1887.

The Treatment of Insect Bites.

Dr. Bernbeck recommends the following formulæ:

- | | | |
|----|------------------------------------|------------|
| B | Collodii..... | parts 19 |
| | Acid salicyl..... | " 1 |
| M. | Sig. To be painted on as directed. | |
| Or | | |
| B | Collodii..... | parts 1000 |
| | Hydrarg bi-chlor. cor..... | " j |
| M. | Use as above. | |

These solutions cause the pain to diminish, and only in rare cases does swelling of surrounding painful parts occur.

The *Lancet* has recently recommended a weak solution of carbolic acid as a prophylactic.—*Allgemeine med. Central-Zeitung*, July 13, 1887.

Report of a Case of Extra-Uterine Pregnancy, the Fetus Being Retained for Thirty Years and Becoming a Lithopædion.

Dr. W. H. Fales records the following interesting particulars:

In giving the history of this case, I hoped to quote from the records of the physician who attended Mrs. A. during her illness, and who, as I understand, took extensive notes, but I am unable to do so, owing to his death a few years since, and the subsequent destruction of his records.

I am fortunate, though, in that such information as I have comes from a twin sister, who is still a remarkably vigorous woman, both mentally and physically, and whose statements, so far as they go, are undoubtedly correct.

Mrs. A. was married September 24, 1844. Never had any miscarriages. She was delivered of a perfectly healthy child January 29, 1848.

Early in January, 1856, she became, as events proved, pregnant again, though her condition at the time was merely surmised, as menstruation continued to be present and in fact existed, with more or less regularity, throughout her entire pregnancy.

It was not until the middle of May that the attending physician made a positive diagnosis of pregnancy, basing his opinion on foetal movements which became manifest at that time.

Early in March of the same year while visiting friends, she fainted, vomited and complained of considerable epigastric pain. There was no flowing at this time. The following day she rode home, a distance of four miles.

Directly after this, she had three so-called inflammatory fevers characterized by abdominal pain, excessive tympanites and uncontrollable nausea and vomiting. During one of these attacks an abscess formed just above the pubes, which opened but did not discharge much.

Counting from the middle of May, when foetal movements began, October 1st would be the probable date of her confinement. About that time the physician was summoned, not on account of her labor pains, as

she never had these, but for excessive and painful movements of the child. These were always very marked, and caused her the utmost inconvenience. As she expressed it, she felt more life with this child in two hours than during her entire previous pregnancy. October 13th, the physician was again called, for the same reason. At this time "something was rubbed on the abdomen," after which the movements grew less and less, and finally ceased. For the next ten years she was an invalid, though nothing very explicit could be obtained as to her condition. She was generally miserable and had a number of attacks of abdominal pain, sometimes accompanied by icterus.

During this period the tumor very gradually decreased in size, finally remaining stationary and causing no trouble except a feeling of weight when standing or walking too long.

Her subsequent health was good until about two years ago, when a malignant growth attacked her larynx, which eventuated in her death December 24, 1886.

The autopsy was performed September 26th, Drs. Bill and Metcalf assisting.

The body was very much emaciated. The tumor was apparently situated about in the median line, but on palpation was found to extend downwards and to the left, the contained foetus occupying a sacrum-left-anterior position, but entirely out of the pelvic cavity, the base of the skull being on a level with the umbilicus. On making the incision the tumor was found to be adherent to the abdominal wall, and it seemed as though it would soon have made its way through, either from pressure or ulceration, so thinned had the structures become at the point of its adherence.

It was almost lying loose in the abdominal cavity, the only points of attachment being the one just referred to, the pedicle, and some small adhesions to the intestines.

The intestines were ranged round the tumor—none in front of it—and were one mass of adhesions, forming with the abdominal walls the sac, as it were, containing the tumor.

The pedicle passed directly downwards, enclosing the uterus and then fading out gradually into the peritoneum. Nothing that would answer for a placenta, or the remains of one could be found.

With the tumor I extracted the fundus, Fallopian tubes and ovaries, which furnished no points of interest. Any further examination was denied. The autopsy suggested an extra-uterine pregnancy of the abdominal

variety, but the history points rather to a ruptured tubal becoming an abdominal.

To epitomize the various dates:

Mrs. A. was married in 1844; first child four years later; second pregnancy eight years later; probable rupture of tube and subsequent attack of peritonitis at third month; death of foetus at ninth month; death of Mrs. A. from cancer of the larynx thirty years later, the foetus having become converted into a lithopædion.—*Boston Med. and Surg. Journal*, August 11, 1887.

Injections of Eucalyptol in Pulmonary Tuberculosis.

In the French Academy of Medicine, Ball reported upon the results of this method of treatment which he had employed for a year at the instance of Roussel, of Geneva, in the Laennec hospital. Of twenty-one persons, six had died, ten were improved, and five remained under treatment. According to Ball, the medicine acts especially upon the septic material of the tuberculosis. Under its influence the night sweats and diarrhoea cease, the expectoration and the fever diminish, and the bacilli vanish from the sputum. On the contrary, Dujardin-Beaumetz, who had instituted similar experiments, obtained different results. According to him, the eucalyptol acts by directly lessening the expectoration, without exercising an influence upon the bacilli. In some patients the oppression increased as the expectoration diminished. Guiffart, who instituted experiments in the Hotel Dieu, could very quickly by these methods of treatment obtain, in three patients out of five, a great diminution of the dyspnoea and sleeplessness. A diminution of the expectoration could not be observed in the chronic cases, possibly because the treatment was of so short duration. At all events, as Guiffart declares, this method of treatment obtains diminution, especially of the dyspnoea.—*GUIFFART. Deutsche Medizinal-Zeitung*, August 4, 1887.

Curable Hypertrophic Cervical Pachymeningitis.

The author has collected together the cases of cervical hypertrophic pachymeningitis published during the last ten years, and to these he has added two observations of his own, and discusses the symptoms and course of the disease. Nearly all the cases were referred to cold as a cause. The picture of the disease was as first described by Charcot and Joffroy. Very frequently trophic disturbances show themselves in the skin and the

nails of the upper extremity; in two cases there was hiccup in addition to the customary symptoms of the disease, and in one an increased secretion of urine was present. With reference to the sexual functions it is to be noted that temporary impotence alternates with increased sexual impulse. The prognosis of cervical hypertrophic pachymeningitis is not unfavorable; in most cases recovery occurs and generally after the persistence of the disease for two to three years. As to treatment, the author recommends warm baths, the hot iron and sodium salicylate.—*HIRTZ. Centralblatt f. d. med. Wissenschaft.*, July 23, 1887.

Silver Absorption in Plate-Workers.

It is not generally known that the skin of workmen who have to manipulate silver is liable to become impregnated with the metal. Observations made on 800 silver-workers in Berlin have shown that all of them had the characteristic patches of coloration. These patches are round or oval in shape, varying in size from a millet seed to a broad bean. As a rule they are not raised; they are anæsthetic, and occur principally on the dorsum of the left hand. Only workers in silver are thus affected, and not those who manipulate gold or copper. The absorption of the metal seems to have no effect on the general health. Microscopical examination shows that the patches are caused by the deposit of metallic silver in the tissues, and they are soluble in nitric acid and cyanide of potassium. It was noticed that the men affected were invariably those who had some ulceration or abrasion of the hands through which the metal was absorbed. The nature and shape of the metallic deposit warrants the supposition that the metal enters in a soluble form, and is then precipitated. Curiously enough, three workmen who were being treated for syphilis with mercury developed a number of fresh stains in a comparatively short space of time.—*Brit. Med. Journal*, August 6, 1887.

—Discussing the subject of the doctor's income, Dr. Paget Thurston says, that the trouble is not in want of patients, but in the low rates of fees; for Dr. Thurston says that in England ten per cent. of patients pay five shillings (\$1.25), ten per cent. pay 60 cents to \$1.25, while eighty per cent. pay such fees as no doctor or educated gentleman can possibly live on, the average for union, club, and dispensary patients being ten to fifteen cents.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT LITERATURE.

—The first annual report of the Visiting Nurse Society has come to hand. We would like to see this society enlarge its function so as to provide nurses to stay with the sick when this is necessary; but even visiting nurses are much better than none at all, and the organizers of the society have furnished a charity that merits more commendation than can be accorded many dispensaries.

—Henry Carvill Lewis's account of "The Alleged Psychical Phenomena of Spiritualism," is a very interesting description of two seances with Eglinton. As might be expected from the high scientific attainments of the writer, his summary of the results of his visits to Eglinton are calm and dispassionate. The original paper will be found in the proceedings of the Society of Psychical Research, part XI, May 1887. Those who are interested in spiritualistic phenomena, will do well to read this paper in conjunction with the recent report of the Seybert Commission.

—"The Results of Vaccination and the Inequity and Injustice of its Enforcement," is the title of a paper by Wm. Tebb, President of the London Society for the Abolition of Compulsory Vaccination. It is never wise to underrate the dangers that may be incurred by vaccination, but when one reads the printed statement that such "diseases" as blindness, boils, bullae, cancer, gangrenosa, inflammation, meningitis, phagedenic action, rickets, scald head, pyrexia, etc., etc., are due to vaccination *per se*, he must be peculiarly credulous if he believes it. The statement that such morbid conditions arise is credited to medical witnesses, but it is well known that some doctors see many strange things. We are still disposed to think that when bad effects seem to follow vaccination, they are due to constitutional disease, which may be latent until evoked by vaccination, to improper virus, or to some combination of the latter with external conditions.

—Dr. A. G. Sinclair, of Memphis, Tenn., in his little paper on "Iritis," read before the Medical Society of Tennessee, in April last, calls particular attention to a point general practitioners will do well to remember, namely, pericorneal congestion as indicating disturbance of intra-ocular circulation. The painful initial symptoms of iritis are well contrasted with neuralgia.

—Dr. Otis, whose name is a familiar one in genito-urinary surgery, calls attention in his paper "On Some Important Points in the Treatment of Deep Urethral Strictures," to the importance of first localizing a stricture before treatment is directed to curing it. He endorses Sir Henry Thompson's dictum, "If you cut at all, cut all." The liability of a stricture anterior to the membranous portion of the urethra to produce a tight spasmodic stricture behind it, should not be forgotten. The author asserts that he has known the passage of the flexible bougie or sound, when there existed a stricture of large calibre in the penile portion, to be followed by severe inflammation in many instances, and even abscess, sometimes of the prostate, sometimes of the head and even body of the testicle.

Items.

A case has recently been decided in one of the county courts of England in which a barber was held liable for damages for having infected a customer's face with *sycosis menti* through the use of an improperly cleansed razor.—*Boston Med. and Surg. Journal*, Aug. 18, 1887.

—An ink is prepared by Oscar J. Lache (*Am. Journ. Pharm.*) from sumach leaves by adding to one pint of the decoction from one ounce of the leaves, ninety grains of iron sulphate and sixty grains gum Arabic. The ink at first prepared has a brownish color which disappears in a few days, and after standing two weeks it can scarcely be distinguished from nut-gall ink.

—Susie.—"Oh, mamma, I'll never disobey you again."

Mamma.—"Why, Susie, what have you done?"

Susie.—"Well, I drank my milk at lunch and then ate—a pickle, and the milk said to the pickle, 'Get out,' and the pickle said, 'I won't,' and the're having an awful time!"

—Here are some queer London signs and advertisements: Sick dogs medically attended by the week or month. Birds to board. Ladies' and gentlemen's feet professionally treated by the job or season. Round-shouldered persons made straight. Babies or children hired or exchanged. False noses as good as new and warranted to fit. Black eyes painted very neatly.

THE Medical and Surgical Reporter.

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N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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IN MEMORIAM.

Nathaniel Archer Randolph, M. D.

On Sunday, August 21st, Dr. Randolph lost his life by drowning in the sea at Longport, on the New Jersey coast.

Dr. Randolph had gone to this place to secure a few days rest from the arduous duties which he had been performing as one of the editors of THE MEDICAL AND SURGICAL REPORTER, since the time when it came under its present management. The zeal and fidelity and industry with which Dr. Randolph performed his duties can be appreciated only by those who were familiar with

his methods of work; but the results have been seen in the pages of The Reporter, and must have been recognized by its readers.

He was a man devoted to the best interests of the profession, was in harmony with the best men in it, and was filled with the desire to make The Reporter one of the best medical journals in the country. His death is a bitter loss to his co-editor, and is also a loss to all the readers of The Reporter. The very sense of that loss is an incentive to those whose labors and responsibilities are increased thereby. Those who survive must continue and perfect the work of those who fall by the way. This is the truest tribute of respect which can be paid to the memory of the fallen.

SANITARY PROGRESS IN MIDWIFERY.

When Dr. O. W. Holmes in 1843 wrote his famous essay upon "The Contagiousness of Puerperal Fever," the majority of the medical profession, who were in a position to speak and teach authoritatively, were of the contrary opinion. Since that date there has been a complete revolution in medical belief. So great has been this change that milk fever, which until recent years was regarded as a physiological pyrexia, has now been relegated to the domain of pathology as merely an evidence of septic infection. A physician engaged in family practice is now as careful to keep his hands clean before attending a case of confinement as in all times he has been to keep his reputation unspotted. With the advent of the antiseptic system of surgical treatment came a close inquiry into the mortality of the lying-in wards of our large hospitals. As a result of this a steady and persistent effort has been made by good men to render the environment of women during their confinement in the first place as aseptic as possible; and when any injury of the maternal structures has taken place, to treat the womb and the patient with rigid antiseptic precautions.

As these measures have been in force for several years, it is interesting to note the result at La Charité according to the statement of Budin (*Le Progrès Médical*, June 18, 1887). In thirteen hundred and forty-nine confinements occurring between the years 1883-6 inclusive, there was a total mortality of twenty-one in the hospital, or 1.55 per cent. The total mortality due to infection was nine, or .66 per cent.; of these nine, four received their infection in the hospital, making a percentage mortality due to infection received in the service of .29 per cent. This is an exceedingly gratifying result when it is remembered that all applicants are admitted, no matter whether they have advanced phthisis or incipient septicæmia or eclampsia. Quite a number of the deaths occurred shortly after admission, and from the nature of the cases was unavoidable. Budin also accurately describes the furniture and appointments of the lying-in rooms, and the rooms for pregnant women.

We cannot help thinking that they are inferior in aseptic efficiency to the maternity wards of our own city hospital, inasmuch as the latter are entirely separate and distinct buildings from the rest of the hospital, and with equal care and foresight ought to show better results than La Charité.

THE BACILLUS OF SCARLET FEVER.

In June last, Dr. Alexander Edington, wrote a paper in the *British Med. Journal* upon the various micro-organisms that had been isolated from the blood and desquamating epiderm of patients suffering from scarlet fever. He has been able to make cultivations of this bacillus scarlatinæ. The growth under the influence of heat is very rapid, but unless transfers of the seed material are made from the surface of the growth, cocci develop to such a degree and with such rapidity that in ten days no bacilli are found. In blood-serum the bacilli grow badly. On potatoes, however, a rapid and luxuriant growth is soon obtained. "At 64.5° F. one finds after twenty-four hours a thick citron-white pellicle with the central portion tending to a citron-yellow color; after forty-eight

hours this coloration will have been seen to spread outwards, while the central part has increased in color, passing from this color gradually to that of ochre, and still later assuming a color identical with that of bread crust, and after some days the whole potato will be covered with a growth of this kind. Coincident with the increase of color will be noticed a rinkling of this pellicle, until at last the whole surface of the growth presents a tessellated appearance, while the potato under it is found to be moist, almost semi fluid." Such a growth consists almost entirely of spores, whose capsules stain a faint blue, with a 2½ per cent. watery solution of methylene blue. These researches of Edington are important as bearing upon preventive medicine. If the epidermic scales which separate from the skin of a scarlatinal patient and are then carried by the air contain these bacilli, then we have on the one hand a scientific explanation of the value of inunctions of oil in this disease, a practice that has become routine with many able physicians; and on the other, a most cogent reason for complete isolation of scarlatinal patients. It has long been known that scarlet fever could be conveyed by these epidermic scales, and isolation of scarlatinal patients is not a recent practice, but it is interesting to notice how gradually, step by step scientific investigation confirms the methods of practice long since adopted as the wisest by careful clinical observation. As in every other branch of knowledge, art is followed and explained by science; and in medicine, for the diagnosis and cure of disease, we must ever look to observation and experience to lead the way.

THE TECHNIQUE OF TRACHEOTOMY AND INTUBATION OF THE LARYNX.

This is a reprint of a paper by Dr. C. G. Jennings, read before the Michigan State Medical Society, and justifies its title. It is a very clear and concise statement of how to perform these two operations, which, together with arrest of hemorrhage and hernia, every general practitioner of medicine should become familiar with.

NOTES AND COMMENTS.

THE MODERN TREATMENT OF COMMON DISEASES.

DYSPEPSIA (*continued*).

LOSS OF APPETITE.—When this exists there is generally more or less atony of the gastric mucous membrane, in which condition the vegetable bitters are useful:

- R** Pulv. cascariellæ.....3 j
 " rad. rhei.....gr. xv
 " columbæ.....3 ss
 M. ft. pil No. L. Sig.—5 three times a day.
 (Ewald.)

Not infrequently an aromatic is happily combined with the bitter, inasmuch as it is more stimulating though also more evanescent in its action:

- R** Tinct. cinnam.....℥ xxxvj
 Pulv. rad. columbæ.....gr. cvijj
 M. Div. in pulv. No. xii. (Ewald.)

Sometimes it is best to guard against the irritant properties of bitter drugs. This may be done by combining a small quantity of morphia with the prescription. The following formula is also useful when loss of appetite is combined with a tendency to cramps:

- R** Morph. acetat.....gr. iss
 Tr. gentianæ
 Tr. columbæ
 Tr. quassia
 Tr. cort. querc.....āā f3 vj
 M. Sig.—Teaspoonful several times a day.
 (Graves.)

EXCESSIVE ACIDITY.—As stated in the previous number of the REPORTER, this may be relieved by acids before meals or alkalies after meals (Ringer). The following formulæ will be found of service:

- R** Potassii bicarb.....gr. xc
 Cort. aurantii.....gr. xlv
 M. Div. in pulv. No. x. Take one powder in sweetened water three times a day.
- R** Sodii nitratis.....3 ij
 Bismuthi subnit.....gr. xv
 Gummati arab.....3 ss
 Aq. destil.....f3vj 3vj
 M. Sig.—Teaspoonful every four hours. (Ewald.)

If constipation also exists, the following may be used:

- R** Inf. rad. rhei.....f3 iss
 In this cold dissolve:
 Sodii bicarb.....gr. cl
 Syr. aurantii cort.....f3 vj
 M. Teaspoonful twice daily. (Ewald.)

Or:

- R** Calcii carb. præcip.....gr. cxxxv
 Magnesii carb.....gr. xc
 Sem. myristicæ pulv.....gr. vij
 Sacch. alb.....3iv ss
 Gummati arab.....gr. xlv
 Aq. destil.....q. s.

Fiant trochees No. xx. Part of one may be taken several times a day. (Ewald.)

Or:

- R** Inf. rad. rhei.....f3iv-f3vss
 Sodii bicarb.....gr. lxxv
 Ol. menth. pip.....℥ iv
 Syr. aurantii cort.....f3 vj

M. Sig.—Tablespoonful every two hours when there is gastric and intestinal catarrh. (Ewald.)

FLATULENCE.—When this is due to fermentation, creosote and carbolic acid are useful:

- R** Creosoti.....gr. iij
 Aq. flor. aurant.....f3j-f3 vij
 Tr. ferri acetat. æth.
 Ætheris
 Syr. aurantii cort.....āā...f3 ss
 M. Sig.—Teaspoonful every two hours. (Ewald.)

- R** Acid carbol.....gr. xv
 Pulv. rad. rhei.....gr. lxxv
 Mucil. gummatis arab.....q. s.

M. Div. in pil. no L. Sig.—One three times a day. (Ewald.)

When flatulence is the result of insufficient gastric juice:

- R** Acid hydrochlor.....℥ lxxv
 Aq. menth. pip.....f3 iss-f3 ss
 Syr. aurant. cort.....f3 vj

M. Sig.—One-half teaspoonful in water after each meal.

- R** Acid. Hydrochlor.....f3 v
 Aq. destil.

Syr. zingib.....āā f3 ss
 M. Sig.—Ten drops in water after meals. (Ewald.)

Charcoal is often valuable in flatulence associated with acidity:

- R** Pulv. carb. lig.....3 vj
 Lig. quassia
 Magnesiae carb.....āā 3 j
 M. Teaspoonful several times daily. (Ewald.)

- R** Pulv. carb. lig.

Sodii bicarb.
 Eleosacch. menth. pip.....āā gr. viiss

M. Ft. pulv. Take ½ one hour after every meal. (Ewald.)

- R** Pulv. carb. lig.....gr. vi
 Acid. salicyl.....gr. iss

M. Put in capsules No. x. Take one ½ hour after meals. (Ewald.)

SLOWNESS OF DIGESTION.—In a large number of cases of dyspepsia, food after entering the stomach seems to the patient to lie there like a dead weight. Sometimes after remaining a while in the stomach it is regurgitated in a nearly unaltered condition; or in other cases digestion proceeds so slowly

that gases form, resulting in flatulence, eructations and colicky pains. It is in these cases that pepsin and, if the dyspepsia be intestinal, pancreatin, are of great value. A number of useful formulæ will be here appended:

- R Pepsin, sacch. gr. lxxv
Strychninæ gr. i-13
Sacch. lactis. gr. cl
M. Div. in pulv. No. x. Sig.—No. i.
- R Acid. hydrochlor. ℥ cl
Aquæ menth. pip.
Aquæ destil. āā f 3 j. f 3 ivss
M. Sig.—No. ii.
Dissolve one of the powders in a glass of water and place in it a teaspoonful of No. ii. To be taken $\frac{1}{4}$ hour after meals. (Ewald.)
- R Pepsin. gr. xxx
Acid. salicyl. gr. viiss
Glycerini. f 3 j f 3 ivss
Tinct. calami. ℥ cl
Sig.—Teaspoonful dose. (Ewald.)
- R Pepsin. gr. cl
Pancreatin. gr. cxiv
Sacch. lactis. 3 j 3 ivss
Ext. malti. gr. lxxv
Acid. lacti. gr. xxxviii
Acid. hydrochlor. dil. ℥ cl
Glycerini. 3 v
Tragacanth. q. s.
M. Div. in ten pill masses (Lactopepsin). (Ewald.)
- R Pepsin. gr. lxxv
Acid. hydrochlor. ℥ viiss
Rub together exactly.
Ext. gentianæ. q. s.
M. Ft. pil. No. L.
One pill several times a day. (Ewald.)
- R Pepsin. gr. xxxviii
Acid. lactic. gr. iij
Amyli. gr. xl
M. Ft. pulv. No. v. To be taken an hour after meals when there is too little acid in the stomach. —(Corvisart.)
- R Pepsini. gr. lxxv
Morph. hydrochlor. gr. i-6
Amyli. gr. xc
M. Div. in pulv. No. xv. In increased irritability of the gastric mucous membrane. —(Corvisart.)

The following formula is also useful though without pepsin, in the so-called atonic dyspepsias:

- R Inf. rad. rhei. f 3 iv-f 3 vss
Elixir aurantii. ℥ lxxv
Syrupi. ℥ iv
Sp. æth. nit. ℥ viiss
M. Sig.—Tablespoonful every half hour. (Ewald.)

A Case of Peritonitis from Injury.

A case of considerable medico-legal interest has recently been tried in the County Court of Skipton. A boy aged 13, who was attending the Grammar School, was squeezed by one of the masters against the desk at

which he was sitting. He believed it was done as a punishment; but another boy, who saw it, thought it was intended as a joke. The master in question denied all recollection of the occurrence. The boy said he was trying to stand up at the moment, so that his umbilical region was compressed against the ledge of the desk. He complained of being hurt at the time, and was obliged to go home and go to bed on account of the pain; and on the succeeding days he was so unwell that, on his return from school, he went to bed each day. A few days afterwards he was persuaded to play at football, but had to desist in less than a quarter of an hour, as he felt so ill. About the twelfth day after the injury Dr. Wylie was called in, and found that the boy had well-marked local peritonitis in the umbilical region, from which, after a good deal of suffering, he eventually recovered. In the end the jury found that the peritonitis had been due to the squeezing, but that the master had pushed up against him in joke, and not with intent to do him harm, and awarded the damages at £10. An attempt was made to show that the peritonitis must have been caused in some other way, as it was so long in making its appearance; and medical evidence was called to prove that acute peritonitis usually set in within a few hours after the receipt of the injury, but that the time at which it commences must depend upon the nature of the injury. Great violence, no doubt, may produce an exceedingly rapid acute peritonitis; but a lesser degree of violence would produce only a subacute peritonitis, and we should not expect it to make its appearance so soon. After all, there is no evidence to show in this case when the peritonitis did develop; and, judging from the nature of the injury, it seems most probable that its course was a very gradual one, and that it had been in existence for many days before the medical man was consulted.—*Brit. Med. Journal*, August 6, 1887.

The Ripley Birching Case.

The case of the child of seven who was alleged to have been so brutally beaten by order of the magistrate to which we alluded in our last issue, has excited a great deal of interest. Sir Walter Foster saw the child five days after the flogging, and found distinct traces of what he considered to have been a brutal flogging. He therefore, addressed a question to the Home Secretary in regard thereto; in reply to which the latter gave a very different version of the affair, based on information received from the police

authorities. He nevertheless assured his listeners that in future a "lighter rod would be used for very young children," meaning apparently children under seven. It is simply monstrous that children of such tender age should be subjected to corporal punishment at all, and we hope that the practice will soon be put a stop to.—*The Med. Press and Circular*, Aug. 3, 1887.

A Nutritive Enema.

Ewald gives the following prescription: Take two or three eggs and beat them up smoothly with a tablespoonful of cold water; next heat a half cup of a twenty per cent. solution of glucose with a pinch of starch, and add a wineglassful of red wine; then pour the solution of egg in slowly, taking care that the solution does not become warm enough to coagulate the albumen. Before injecting this enema, the lower bowel must be emptied by clysters.—*Deutsche Medizinal-Zeitung*, July 21, 1887.

Improved Hartshorn Liniment.

After alluding to the reasons why the Committee on Revision of the Pharmacopœia substituted cotton-seed oil for the olive oil formerly ordered, and the fact that cotton-seed oil does not saponify with water of ammonia, Prof. Joseph P. Remington gave some experiments, and then alluded to lard oil as being far the most satisfactory. If this (lard oil) be substituted for the cotton-seed oil in the present pharmacopœial proportions: Water of ammonia, 30 parts (or 5 fluid ounces); lard oil, 70 parts (or 11 fluid ounces), the result is entirely satisfactory. After standing some weeks, the resulting mixture has not changed its consistence, and partial saponification is evident.

Dental Anesthesia.

M. Georges Vian claims to have solved the problem of local anesthesia in dentistry. After numerous trials of solutions of different strengths, he has found that the soft parts about the maxillæ may be rendered completely insensible by the use of cocaine, associated with a two per cent. solution of carbolic acid. Five minutes before operating, M. Vian dissolves five centigrams (one grain) of hydrochlorate of cocaine in fifty centigrams (ten drops) of the solution, and injects it into the gums, half-way between the neck and the extremity of the root of the tooth. Half of the solution is injected on the palatine, and the remainder on the labial side, pressure being made by the finger, when the needle is withdrawn, to prevent the exit of the fluid. Anesthesia is perfect in three

minutes. The quantity of cocaine advised by M. Vian seems somewhat large, but it is said to have been so used in eighty-seven cases, without causing any unpleasant symptoms.

On the Influence of the Cortex upon the Dilatation of the Pupil.

Mislawsky finds that stimulation of different places in the cerebral cortex by weak currents produces dilatation of the pupil in dogs and cats. He was unable to find a spot from which he could obtain contraction of the pupil. Dilatation still occurred after section of the cervical sympathetic, extirpation of the upper cervical ganglion, and after the trigeminus was severed from the ganglion of Gasser and the spinal marrow at the height of the atlas. Stimulation fails after severance of the oculo motor or of the trigeminal nerve behind the Gasserian ganglion.—*Centrallblatt f. d. med. Wissensch.*, July 2, 1887.

Heroic Treatment of Incomplete Abortion.

Two papers in the March number of the *Jurnal Akusherstva Jenskikh Bol'snei*, by Dr. Fisher and by Dr. Khazan, deal with the treatment of incomplete abortion by thoroughly scraping out the interior of the uterine cavity with a sharp spoon. Neither of these physicians has found it necessary to use an anæsthetic during the operation. Dr. Fisher places the patient on the back, Dr. Khazan on the back or left side. The most careful disinfection is carried out by both, Dr. Fisher using a double current catheter passed into the uterus, Dr. Khazan mopping out the cavity with sponges. The former practitioner does not find dilatation of the os necessary, while the latter uses, if required, Hegar's bougies or tents. After the uterine cavity has been scraped quite clean, it is again disinfected, Dr. Khazan going so far as to mop it out with a solution of perchloride of iron. The vagina is plugged, and ergot, or ergotine, administered. Dr. Khazan makes the patient lie on her face for the first two days.—*Brit. Med. Journ.*, August 13, 1887.

Tar Pastilles, Without Sugar, for Diabetics.

R	Picis liquidæ.....	3 ss
	Sodii, bicarb.....	3 iv ss
	Calcii, phosph. bibas.....	3 vii ss
	Ol. anisi.....	gtt v
	Mucil. gumma. tragacanth.....	q. s.
M.	troch. fit. No. c.	

Each pastille contains $\frac{1}{10}$ grain of Picis Liquidæ.—HENRY MAYET, *Deutsche Medizinal-Zeitung*, July 21, 1887.

CORRESPONDENCE.

An Unusual Effect Following the Administration of Quinine.—Sectarianism in Medicine.—The Exception to the Rule.

EDITORS MED. AND SURG. REPORTER:

Within the past few weeks I attended a lady suffering from double tertian fever, supposed to have been brought about by a visit to Atlantic City; but of course we are not aware of that, as patients are often there for the purpose of overcoming any malarial tendency to which they may be subject. The patient under consideration took at one dose eight grains of quinine sulphate, and in the short space of half an hour the skin began to burn and itch, and caused her the greatest uneasiness. Two hours later I saw her, and at that time the skin looked like a piece of red flannel. In reply to my inquiry she said she had experienced two attacks previously, one after taking some kind of medicine three years ago; and she added, that when the doctor saw her he told her it was "sharlet roosh," and went out and got a broom and commenced sprinkling carbolic acid all over her and the room. The children were kept away from her, and the neighbors, alarmed at the report, would not come near her for days, and she just wouldn't have him any more.

Strange things happen to the doctor while visiting amongst his patients, and the above incident reminds me of one that occurred some time ago. An elderly lady, just recovering from an attack of pneumonia, and not very strong, was advised to add meat to her diet, but I was somewhat surprised at the positive manner in which she declaimed, and remarked jokingly to her daughter who was in the room, "Oh, I see, she is a vegetarian." "No, doctor," said she, "I am a Methodist to the backbone."

When studying grammar, I distinctly remember how efforts were made to imprint on my memory the statement that "exceptions strengthen rules," and reading Dr. Calkin's article in the last issue of the REPORTER reminds of the need of making exception to some of the positive rules he has laid down concerning "The Etiology and Treatment of Female Sterility." He says: "One fruitful cause of sterility is hypertrophy and hyperplasia of the uterine muscle, from cervical and perineal lesions." Again, "To insure fertility, *there must be a healthy endometrium with its corpuscular layer well developed.*" Now, these statements are not to be taken as if they were part and parcel

of the laws of the Medes and Persians, for not long since I had a patient under treatment whose troubles took in nearly the whole catalogue, with most terrible attacks of dysmenorrhea, and yet she conceived. The worst of it was that she blamed me for leading her to believe that she would not become pregnant. The only resource left for me was to repeat the old maxim, that "all signs fail in dry times."

JOHN AULDE, M. D.

Mysteriously Trephined.

EDITORS MED. AND SURG. REPORTER:

D. H., aged about 25 years, consulted me about three years ago in regard to a "sore spot" on his head, situated just above the temple. Over an area nearly the size of a silver half dollar, there was some swelling, induration and tenderness. He said the trouble had existed for a considerable time, though he could not tell exactly when it commenced, so trivial did the affair seem at first. I diagnosed it a healing [suppuration] of some kind, but was in doubt as to its real nature. Ordered a poultice. Very little change in appearance during next few days. Found symptoms of diabetes, and upon examination of urine, found sugar in large quantities. I naturally assumed that the small healing upon the head was simply an effort of nature to get rid of some impurities in the blood due to the diabetic condition.

Pus finally formed, which I drew off with a hypodermic syringe. When I got tired of *pumping*, I made an opening with a lance, pressed out the pus and tried to explore the cavity with a probe, but the last being very painful I did not make the examination very thorough. I kept him, of course, upon proper treatment for the diabetes. He never lost a day from his work and sometimes I would not see him for weeks at a time. At the end of six or seven months he came into my office. The abscess was still discharging. I now discovered what appeared to be loose bone. I enlarged the opening and removed a *single piece* about the size of a silver quarter, nearly round and the full thickness of the entire skull.

But for its serrated edges one might have thought that the ghostly hand of some departed surgeon had been beneath that scalp wielding the trephine. How was that skull fractured? Surely it had been fractured sometime, but when or by what agency I cannot determine. When at his work (railroad carpenter) he would occasionally get a hit on the head, but at no time can he remember of having received one sufficiently

severe to cause him to think of it an hour later. The head healed up in few days after the removal of the bone. It has given him no trouble since, and now he is *apparently* free from the diabetes.

Lewistown, Pa. WALTER H. PARCELS.

EDS. MED. AND SURG. REPORTER:

Sirs—I see considerable discussion in your valuable journal respecting the use of quinine in pneumonia. I have made liberal use of the drug in the above named disease for the last twenty years, and must say that I have in no wise been disappointed by the results. With your permission I will briefly relate the most remarkable case that I have met with.

Five years ago last March, I was called some fifteen miles from home to see a patient who, I was told, had been abandoned to die by his medical attendants. Found a large muscular man nineteen years old. Double croupous pneumonia, no normal respiration below the upper lobes, the lower lobes of left being silent, expectoration of dark rusty sputa—very profuse. Respiration 40. Pulse 130. Temperature 104° F. Lips, tongue, and nails blue. Delirious. The father of the patient said that he had had a cathartic followed by tartar emetic, and that they had been afraid to administer quinine on account of the high fever.

I put sixty grains of quinine in a cup and stirred it up with water. He swallowed it without noticing the taste. I then left a powder of forty grains more to be taken in four hours. As I could not attend him so far from home, I told them to send for their physician again, leaving a note for him. I heard nothing from him for two weeks, when his father came to my office to pay the bill, saying that his son was well, and that those "two doses had cured him." He has taken no other medicine and did not send for their doctor. He commenced to sweat soon after taking the first dose, the sweating continuing several days. It is my belief that recovery in that case was due to the large dose of quinine.

Muscatine, Iowa.

A. ADY, M. D.

Homœopathy.

EDS. MED. AND SURG. REPORTER:

Sirs: Will you permit me the use of some of your valuable space in the endeavor to reply to the queries contained in the **REPORTER** of this date upon the homœopathy question? Having availed myself of opportunities favorable to an acquaintance with the methods of practitioners of the sect, and

having read extensively of the literature bearing upon the subject of the claims of homœopathy to recognition as a rational system of medicine, I think the views herein presented will fairly represent the sentiment and feeling of the regular profession upon the matter in question.

1. Medicine is not an exact science; and yet we now recognize many principles in pathology, diagnosis and therapeutics upon which reliance can be safely placed, and the correctness of which have oftentimes been amply and fully vindicated. A host of workers of many nationalities are laboriously engaged in sifting the true from the false and in wresting from nature secrets long hidden from the light. Have you ever observed that all the work is being performed within the *regular* profession? There is no ground we can occupy in common with vagarists or dogmatists. The domain of science should not be entered by one burdened and hampered by preconceived views. The spirit of scientific enquiry should be perfectly free. We should be ready to relinquish the view we entertain to-day should to-morrow's experience throw doubt upon its verity. A homœopath would be ever seeking for that which would fortify his peculiar tenet or theory, and would be content with nothing else; therefore we cannot work in his company.

2. That which is true in homœopathy is not new, and that which is new is not true. There are a few facts, particularly in therapeutics, upon which the homœopaths have pounced, and in which they impudently claim a proprietorship. As no important principles are involved we have done little to dispute the claim. If there be a "larger law" than any yet discovered, a co-operation with dogmatists in the seeking for it is not apt to hasten its disclosure. If you work out your problem by arithmetic and you discover that your neighbor who claims to have worked it out by algebra has not really done so at all, but has used more of your figures than of his own symbols, you are justified in calling him a fraud and a pretender, and in declaring yourself above further competition with him in the working out of problems. And this leads me to the assertion that homœopathy is a myth, and that it is found chiefly in lectures and in books, that in actual practice it is not to be found. The little pills, the potencies and the impotencies are used only in cases of no gravity, and where the "*vis medicatrix naturæ*" is alone sufficient. In serious cases the homœopath

resorts to the same doses as ourselves, being partial to the alkaloids, a large dose of which can be put in small compass and rendered almost tasteless. This cannot be called honest or honorable practice, and no fair minded person can find fault with a regularly educated physician for refusing to recognize or affiliate with one guilty of such conduct.

3. If a homœopath habitually resorts to the remedies and doses he affects to discard in toto, he is guilty of a sort of piracy, for which, most unfortunately there is no penalty, but the contempt of all honest men. If you doubt that this is done, inquire of the dealers in drugs and medicines as to the potency of the many of the pellets and tinctures purchased by so-called homœopaths. A regular physician is bound to no law of dosage. He may, if he will, use an infinitesimal dose and there is nobody to call him to account; but to do so he would be open to the charge of folly, and further than that, would, morally, be guilty of malpractice.

4. This subject has been fully inquired into and has long ago been settled to the satisfaction of science. Homœopathy has no recognition in scientific circles here or abroad. Nowhere in the world can a homœopath serve in the position of naval or army surgeon. Homœopathy is a myth. It serves to catch patients. It is, in the present order of society in the United States, a pretty good trademark. In spite of appearances to the contrary, it is on the decline. There is no excuse for its existence. All the great discoveries of the century, so far as relates to the laws of disease and the best mode of treatment, have emanated from the *regular* profession. Our only policy in dealing with homœopathy and other "pathies," should be one of no compromise. There can be no fellowship between light and darkness. I would invite your lay correspondent to avail himself of the literature of the subject. He will find "Hahnemann's Organon" a good work to begin with. Then peruse some of the more modern works on homœopathy. Like enough they will be found to contain their own refutation; if not, read Sir James G. Simpson's "Homœopathy, its tenets and tendencies," Oliver Wendell Holmes' work on the subject, and for something more recent, Dr. Palmer's masterly article in the *North American Review*, for July, 1882, if I recollect aright. The American people are proverbially fond of being humbugged and need some plain talking to upon this subject of homœopathy.

JAMES J. THOMAS, M. D.
Youngstown, O., Aug. 13, 1887.

NEWS AND MISCELLANY.

Preservation of Leeches.

J. T. writes as follows in the *Chemist and Druggist*, August 6, 1887:

As this subject is being discussed in your valuable journal, I give my method of keeping leeches, which I find answers well, and is less trouble than that of some of your correspondents. I never give leeches any meat or worms; they are kept in an earthenware vase, which has been in use about fifty years, with glass cover and perforated zinc rim; in the bottom are a few pebbles, and part of an earthenware drainer, through the holes of which the leeches crawl when they require a little help to cast their skin. The ordinary tap-water (off the limestone) with which they are supplied is changed three times a week in summer, and once or twice a week in winter. Loss or complaints are very rare, sometimes not once in six months. I always dry leeches before selling, for two reasons: (1) because they bite more readily, and (2) because the glue of the box is often moistened when they are sent a distance. I should think the weeds, earth, &c., which some advocate, would make it rather difficult to find half a dozen or so.

An Insect-Fight.

C. G. Rockwood, Jr., writes as follows in *Science*, August 19, 1887:

An observation quoted by Professor Morse in his address before the American Association last night is so exactly confirmed by a recent observation of my own, that it seems worth while to put it on record.

While sitting in a hammock, slung between two large maple-trees on the lawn, I heard a loud buzzing and fall of something behind me, and, looking around, I saw on the grass a locust (cicada) in the grasp of a large insect, evidently of the wasp family, but which I am not sufficiently well posted in entomology to name. It had brown wings, and large abdomen colored black or dark brown with white spots. The whole length of the insect was about thirty-five or forty millimetres. When first seen, the struggling locust was on its back; the wasp extended above it head to head, and industriously plying its sting between the abdominal wings of the locust. The locust quickly became quiet, and then the wasp, maintaining its former position, which it did not at any time abandon,

grasped the head of the locust by the middle pair of legs, and, using the other four legs for locomotion, started to drag it through the short grass toward one of the trees. There was no hesitation or uncertainty, but the wasp started at once in a straight line for the foot of the tree. On reaching the tree, the wasp began without pause to carry its burden up the trunk, using its four legs for walking, as before, and assisting itself to sustain the weight of the locust by putting its wings in operation. In this way, with a few brief pauses as if to rest and get better hold, in one of which it hung for a moment apparently by one leg, the locust was carried up among the branches of the maple, some twenty feet or so, where it became difficult for me to follow its motions. After reaching such a height, the wasp flew off in a straight line through the branches, and went out of sight. I think it carried the locust with it, but the height was so great that I could not be positive. At any rate, the locust did not fall to the ground, although, as the wasp's flight started from a crotch in a limb, it is possible that the locust was left in a crotch. The whole incident showed a perfect understanding, on the part of the wasp, of what he proposed to do, and the carrying out of a preconceived plan of procedure without any stopping to think what he would do next. The only pauses were in going up the trunk of the tree.

Breathing Pure Oxygen.

According to the *Popular Science News*, Dr. B. W. Richardson, of England, in making some investigations upon the physiological effects of breathing pure oxygen by various animals, has discovered that, by simply passing the gas a few times through the lungs, it becomes "devitalized," or incapable of supporting life, although its chemical composition remains the same, and all carbonic dioxide and other impurities are removed. He also found that by passing electric sparks through the gas it became "revitalized," and regained its usual stimulating effect upon the animal economy. The devitalized oxygen would still support life in cold-blooded animals, and combustible bodies would burn in it as brilliantly as ever. Dr. Richardson considers that while the gas is in contact with the tissues or blood of a warm-blooded animal some quality essential to its life-supporting power is lost.—*National Druggist*, August 15, 1887.

The Effects of Ether on Living Nerves.

Messrs. Vaillard and Pitres are studying neuritis caused by injections of ether in the neighborhood of the nervous trunks of the limbs. These injections have often been followed by stubborn paralysis, and even by trophic disturbance. Experiments made upon guinea pigs show that the anæsthesia and paralysis, which immediately follow the injection, spread rapidly and persist for many weeks or months without either diminution or augmentation. The injection, therefore, determines phenomena identical with those produced by severing the sciatic nerve, of which we can convince ourselves by a microscopic examination. This shows that the nerve is normal above the point where the injection has taken effect. At its point (immediate neighborhood) the lesions vary according to the amount of the substance injected. Some hours after the injection the myelin mingles with the axis cylinder, which is then hardly distinguishable, as are also the nuclei of the inter-annular segments. After the fifteenth day the myelin becomes pulvulent and the nerve sheath is regenerated by special evolution. Below the injection the nerve branches undergo Wallerian degeneration after the sixth day, as in nerve section. To sum up, ether determines necrosis of the fibres which it reaches, and acts upon them as a chemical poison. Perhaps by the side of these grave disadvantages we may acknowledge for these injections a favorable action in frequent cases, as when the elongation of the nerves seems indicated.

This study shows several things of practical importance—first, that the frequently recommended perineural injections of ether may give rise to more grave results than has been supposed; and, second, that in some of the relatively rare cases in which nerve-stretching is indicated, the same results may be attained by the injection of ether.—*The Dental Register*, August, 1887.

An Apparatus for the Relief of Writer's Cramp.

This is called the "Kaligraph," by its inventor, the late Mr. Charles Thurber. It consists of an iron frame-work, to which was attached a series of levers so arranged that by making large characters at one angle the characters were reproduced in ordinary size at the opposite angle. It was, in fact, a kind of reversed Pantagraph. Dr. Danna said that all writers's-cramp instruments were based on the principle of resting the groups of muscles most used, and throwing the work upon

other groups. The Kaligraph fulfilled these indications better than any other instrument with which he was familiar. The objections to it were that it was cumbersome and expensive. The speaker showed cuts of all the various forms of instruments for writer's cramp (ten in all) which he had been able to collect. The kaligraph had been in practical use for thirty years, but it was very little known. It had enabled its inventor, who had suffered extremely from the cramp, to write with comfort. He was informed that Mr. Charles Dickens had possessed and used one.

Dr. G. S. Jacoby thought this instrument was only palliative, while Nussbaum's was also curative, and could be carried with one. It compelled the writer to use the abductors.

The President replied that an instrument calling into play another group of muscles of the hand would cause those to be affected after a time.

Dr. Birdsall thought writer's cramp was due to cerebral fatigue rather than to muscular fatigue, and that instruments for overcoming it could be of only limited benefit.—*The Dental Register.*

Sulphur Fumes in Pertussis.

A Norwegian physician named Mohn, discovered after disinfecting the bedding of one of his own children who had suffered from scarlet fever, that another child who had whooping-cough, and who accidentally inhaled some of the fumes of the sulphur, was suddenly cured of the disease. Acting on this suggestion, he has treated other cases of pertussis by placing the patients in a room where sulphur had been burned in the usual manner in which it is employed for disinfectant purposes. He claims that after being put to bed in such a room, the patients awake the next morning cured.—*The Med. Herald*, August, 1887.

Bromidia.

The United States Circuit Court has granted a perpetual injunction restraining the publication of a formula for a liquid medical preparation under the name "bromidia," unless there is also published, in connection with the said words "bromidia," or "bromidio," a statement that the preparation covered by the said receipt is put up and sold by Battle & Co., of St. Louis, under the trade mark "Bromidia."—*Med. News*, July 30, 1887.

Lunacy Regulations in France.

In consequence of certain irregularities revealed by the investigations into the case of Baron Seillières, who, it was alleged, was improperly detained in a lunatic asylum near Paris after he recovered his mental equilibrium, the minister of the Interior, M. Fallières, has issued a circular to all prefects directing them rigidly to obey the enactment which requires them to make periodical visits to all asylums, public or private, within their jurisdiction. It is directed that these visits should be paid unexpectedly, and not less frequently than once a quarter; that patients who desire to leave the asylum should be interviewed, and in every doubtful case subsequently subjected to a special medical inquiry; that the use of the shower-bath as a punishment should be forbidden; that the period of observation should be reduced to the shortest possible time; and that frequent transfers from one establishment to another should be discouraged.—*Brit. Med. Jour.*, August 13, 1887.

Electrified Ice Cream.

Dr. Geo. S. Hull, of Chambersburg, Pa., has found by actual experiment that electricity is generated in ice cream by the friction of the zinc paddles on the contents of the freezer. He has experimented with various mixtures, and found that the presence of fruit or other acids increased the electric action. The doctor concludes that the cases of ice cream poisoning come from the zinc and not ptomaines or tyrotoxinon. The doctor is zealously pushing his investigations, and we look for further developments.—*Nat. Druggist*, Aug. 15, 1887.

Distilled Water not good for Eye Lotions.

An English oculist, having noticed that eye lotions made with distilled water were more irritable than when ordinary water was used, found, on further trial, that the irritation was still greater when the distilled water alone was applied. The simple explanation of this was that well or spring water contains salts in solution which make it slightly alkaline, thus rendering it somewhat more neutral to the conjunctiva, a tissue ordinarily bathed in the lachrymal secretion, which contains about one per cent. of solids, chiefly chloride of sodium, or common salt. The addition of two and a half grains of this salt to the ounce of distilled water renders any lotion for the eye more soothing.—*Druggists' Circular*, August, 1887.

A Doctor's Story.

Mrs. Rogers lay in her bed,
Bandaged and blistered from foot to head,
Bandaged and blistered from foot to toe,
Mrs. Rogers was very low.

Bottle and saucer, spoon and cup,
On the table stood bravely up;
Physic of high and low degree;
Calomel, catnip, boneset tea—
Everything a body could bear,
Excepting light and water and air.

I opened the blinds; the day was bright,
And God gave Mrs. Rogers some light.
I opened the window; the day was fair,
And God gave Mrs. Rogers some air.

Bottles and blisters, powders and pills,
Catnip, boneset, syrup and squills,
Drugs and medicines, high and low,
I threw them as far as I could throw.

"What are you doing?" my patient cried.
"Frightening Death," I coolly replied.
"You are crazy," a visitor said;
I flung a bottle at her head.

Deacon Rogers came to me;
"Wife is comin' round," said he.

"I really think she'll worry through;
She scolds me just as she used to do.
All the people have poohed and slurred—
All the neighbors have had their word;
'Tis better to perish,' some of 'm say.
'Than be cured in such an irregular way.'"

"Your wife," said I, "had God's good care
And his remedies—light and water and air.
All the doctors, beyond a doubt,
Couldn't have cured Mrs. Rogers without."

The deacon smiled and bowed his head;
"Then your bill is nothing," he said;
"God's be the glory as you say;
God bless you, doctor; good day! good day."

If ever I doctor that woman again,
I'll give her medicines made by men.

*Official List of Changes of Medical Officers of the
U. S. Marine Hospital Service, for two weeks
ended August 20, 1887.*

W. H. Long, Surgeon, leave extended six days on account of sickness, Aug. 18, 1887.

C. S. D. Fessender, Surgeon, leave extended thirty days on account of sickness, Aug. 19, 1887.

John Godfrey, Surgeon, granted leave of absence for thirty days, Aug. 17, 1887.

R. A. Glennon, Passed Asst. Surgeon, granted leave of absence for thirty days, Aug. 18, 1887.

W. R. McIntosh, Asst. Surgeon, granted leave of absence for twenty-five days on account of sickness, Aug. 17, 1887.

*Changes in the Medical Corps of the Navy during
the week ending August 20th, 1887.*

Medical Inspector, S. Robinson, placed on retired list.

P. A. Surgeon, J. E. Gardner, detached from Naval Hospital, Norfolk, Va., and ordered to Fish Commission Steamer "Albatross."

Assistant Surgeon, Wm. Martin, ordered to Naval Hospital, Norfolk, Va.

Surgeon, W. K. Van Reyphen, appointed Medical Inspector from August 16, 1887.

P. A. Surgeon, M. H. Simons, appointed Surgeon from August 16, 1887.

*Official List of Changes in the Stations and duties
of officers serving in the Medical Department,
U. S. Army. From August 14th, 1887, to August
20th, 1887.*

Col. J. H. Baxter, Chief Medical Purveyor, ordered to proceed from Washington, D. C., to New York City, on public business, and on completion thereof, to return to this city. Par. 5, S. O. No. 187, August 13, 1887.

Lieut. Col. Joseph C. Bailly, Assistant Medical Purveyor, granted leave of absence for one month. Par. 10, S. O. 191, A. G. O., August 18, 1887.

Major W. D. Wolverton, Surgeon, Washington Barracks, D. C., granted leave of absence for 20 days. Par. 3, S. O. No. 171, Div. Atlantic, August 16, 1887.

Captain Charles B. Byrne, Assistant Surgeon, Washington Barracks, D. C., granted leave of absence for one month, with permission to apply for an extension of one month. Par. 4, S. O. No. 171, Div. Atlantic, August 16, 1887.

Captain George F. Wilson, Assistant Surgeon, granted leave of absence for 15 days. S. O. No. 78, Dep't of Dakota, August 8, 1887.

1st Lieut. William D. Dietz, Assistant Surgeon, granted leave of absence for two months, with permission to apply for an extension of one month. Par. 7, S. O. No. 189, Hdqrs. of the Army, A. G. O., August 16, 1887.

1st Lieut. W. D. McCaw, Assistant Surgeon, relieved from temporary duty at Fort Riley, Kansas, and ordered to his proper station, Fort Leavenworth, Kansas. Par. 3, S. O. 84, Dep't Missouri, August 15, 1887.

Capt. Henry Johnson, Medical Storekeeper, ordered in addition to his present duties to take charge of the office and perform the duties of Acting Assistant Medical Purveyor in New York City, during the temporary absence on leave of Lieut. Col. Jos. C. Bailly, Assistant Medical Purveyor. Par. 11, S. O. 191, A. G. O., August 18, 1887.